

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.  
MADISON, WISCONSIN 53783-0001

COMMON DECLARATIONS

POLICY NUMBER  
05 XQ4535-01

COMPANY CODE  
0023-BLBK-CO

CUSTOMER BILLING ACCOUNT  
021-342-930 74

NAMED INSURED MAILING ADDRESS  
STONE RIDGE HOMEOWNERS ASSOCIATION INC  
PO BOX 1010  
NEW CASTLE CO 81647-1010

POLICY PERIOD FROM 05/01/2023 TO 05/01/2024  
12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS: CORPORATION  
BUSINESS DESCRIPTION: HOMEOWNERS ASSOCIATION

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

This policy consists of the following coverage parts for which a premium is indicated, this premium may be subject to adjustment.

COMMERCIAL GENERAL LIABILITY COVERAGE PART	<b>PREMIUM</b> \$274.00
<b>TOTAL PREMIUM</b>	<b>\$274.00</b>

0000 00040005 000009 0000

AUTHORIZED REPRESENTATIVE

*William B. West*  
President

*F. Eck*  
Secretary

COUNTERSIGNED LICENSED RESIDENT AGENT



AGENT 044-307  
GINA WELKER  
829 RAILROAD AVE  
RIFLE

CO 81650-3511

PAGE 01  
BRANCH CFR 02-12  
ENTRY DATE 02/02/2023



AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.  
MADISON, WISCONSIN 53783-0001  
COMMERCIAL GENERAL LIABILITY COVERAGE PART  
DECLARATIONS

POLICY NUMBER  
05 XQ4535-01

COMPANY CODE  
0023-BLBK-CO

NAMED INSURED STONEY RIDGE HOMEOWNERS ASSOCIATION INC  
MAILING ADDRESS PO BOX 1010  
NEW CASTLE CO 81647-1010

LIMITS OF INSURANCE

GENERAL AGGREGATE LIMIT (OTHER THAN PRODUCTS-COMPLETED OPERATIONS)	\$2,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$2,000,000
PERSONAL & ADVERTISING INJURY LIMIT	\$1,000,000
EACH OCCURRENCE LIMIT	\$1,000,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT - ANY ONE PREMISES	\$100,000
MEDICAL EXPENSE LIMIT - ANY ONE PERSON	\$10,000

LOCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY

LOCATION 0001 PREMISES 001  
1200 STONEY RIDGE DR  
SILT GARFIELD COUNTY CO 81652-8105

CLASSIFICATION

CODE	DESCRIPTION	PREMIUM BASIS	RATE		ADVANCE PREMIUM	
			ALL OTHER	PR/CO	ALL OTHER	PR/CO
09030	HOMEOWNERS ASSOCIATION PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT	70 (007)	3.912 (A)		\$274.00	
A=EACH ONE			007=UNITS		TOTAL ADVANCE PREMIUM \$274.00	

Forms and endorsements applying to this coverage part and made part of this policy at time of issue:

CG 21 75 01 15	IL 00 21 07 02	IL 75 26 12 05	CG 00 01 12 07	IL 02 28 09 07
IL 75 40 03 16	CG 21 47 12 07	IL 00 17 11 98	IL 75 02 06 99	CG 21 60 09 98
CG 21 96 03 05	CG 21 67 12 04	CG 77 14 04 02	IL 09 85 01 15	CG 77 04 07 10
IL 01 25 11 13	CG 21 06 05 14			

AGENT 044-307  
GINA WELKER  
829 RAILROAD AVE  
RIFLE CO 81650-3511

PAGE 01  
BRANCH CFR 02-12  
ENTRY DATE 02/02/2023

4000 00050005 000009 0000



AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.  
MADISON, WISCONSIN 53783-0001  
COMMERCIAL GENERAL LIABILITY COVERAGE PART  
DECLARATIONS

POLICY NUMBER  
05 XQ4535-01

COMPANY CODE  
0023-BLBK-CO

AUTHORIZED  
REPRESENTATIVE

*William B. Vest*  
President

*[Signature]*  
Secretary

COUNTERSIGNED  
LICENSED RESIDENT AGENT

AGENT 044-307  
GINA WELKER  
829 RAILROAD AVE  
RIFLE  
CG AF 01 08 18

CO 81650-3511

INSURED

PAGE 02  
BRANCH CFR 02-12  
ENTRY DATE 02/02/2023

Stock No. 05981

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.  
MADISON, WISCONSIN 53783-0001

COMMON DECLARATIONS

POLICY NUMBER  
05 XQ4535-02

COMPANY CODE  
0023-BLBK-CO

CUSTOMER BILLING ACCOUNT  
021-342-930 74

NAMED INSURED MAILING ADDRESS STONEY RIDGE HOMEOWNERS ASSOCIATION INC  
PO BOX 1010  
NEW CASTLE CO 81647-1010

POLICY PERIOD FROM 05/01/2023 TO 05/01/2024  
12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS: CORPORATION  
BUSINESS DESCRIPTION: HOMEOWNERS ASSOCIATION

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.  
This policy consists of the following coverage parts for which a premium is indicated, this premium may be subject to adjustment.

COMMERCIAL INLAND MARINE COVERAGE PART	<b>PREMIUM</b> \$2,565.00
<b>TOTAL PREMIUM</b>	<b>\$2,565.00</b>

0000 00040006 000010 0000

AUTHORIZED REPRESENTATIVE

*William B. Westra*  
President

*Peck*  
Secretary

COUNTERSIGNED LICENSED RESIDENT AGENT



AGENT 044-307  
GINA WELKER  
829 RAILROAD AVE  
RIFLE

CO 81650-3511

PAGE 01  
BRANCH JLK 02-12  
ENTRY DATE 02/02/2023



AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.  
MADISON, WISCONSIN 53783-0001

COMMERCIAL INLAND MARINE COVERAGE PART  
DECLARATIONS

POLICY NUMBER  
05 XQ4535-02

COMPANY CODE  
0023-BLBK-CO

NAMED INSURED STONEY RIDGE HOMEOWNERS ASSOCIATION INC  
PO BOX 1010  
MAILING ADDRESS NEW CASTLE CO 81647-1010

COVERAGE FORM(S) SCHEDULED PROPERTY PREMIUM \$2,565.00

TOTAL ADVANCE PREMIUM \$2,565.00

Forms and endorsements applying to this coverage part and made part of this policy at time of issue:

CL06100115 IM 5103 09 01 IM-7500 Ed 1.0 IM-7506 Ed 1.0 IL02280907  
IL75261205 IL00171198 IM-5102 Ed 1.0 IL09850115

0000 00050006 000010 0000

AUTHORIZED REPRESENTATIVE

*William B. West*  
President

*Feck*  
Secretary

COUNTERSIGNED LICENSED RESIDENT AGENT



AGENT 044-307  
GINA WELKER  
829 RAILROAD AVE  
RIFLE  
Ed. 8/18

CO 81650-3511

INSURED

PAGE  
BRANCH JLK 02-12  
ENTRY DATE 02/02/2023

U-05980





**SCHEDULED PROPERTY DECLARATIONS**  
 (The entries required to complete this endorsement  
 will be shown below or on the "declarations".)

**COVERED PROPERTY**

Described Property  
 IRRIGATION SYSTEM

"Limit"  
 \$150,000

4000 00060006 000010 0000



**VALUATION**

SEE FORM IM-5103 AND IM-7500

**DEDUCTIBLE**

Deductible Amount      \$500

**COINSURANCE**

Coinsurance Percentage      100

Check if coinsurance provisions are waived

