## 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

STONEY RIDGE HOMEOWNERS ASSOCIATION INC

INSURED MAILING

PO BOX 1010

**ADDRESS** 

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.

**PREMIUM** 

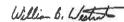
COMMERCIAL GENERAL LIABILITY COVERAGE PART

\$274.00

**TOTAL PREMIUM** 

\$274.00

AUTHORIZED REPRESENTATIVE





COUNTERSIGNED LICENSED RESIDENT AGENT



AGENT 044-307 GINA WELKER 829 RAILROAD AVE RIFLE

CO 81650-3511

PAGE BRANCH 01 CFR

02-12

ENTRY DATE 02/02/2023

# 4000 00050005 000009 0000

## AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

## MADISON, WISCONSIN 53783-0001

**POLICY NUMBER** 05 XQ4535-01 **COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS** 

COMPANY CODE 0023-BLBK-CO

NAMED **INSURED** 

STONEY RIDGE HOMEOWNERS ASSOCIATION INC

MAILING

PO BOX 1010

**ADDRESS** 

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

**PREMIUM** 

CODE **DESCRIPTION** 

A=EACH ONE

BASIS

RATE ALL **OTHER** 

PR/ CO

ALL OTHER PR/

CO

09030 HOMEOWNERS ASSOCIATION

PRODUCTS-COMPLETED OPERATIONS ARE

(007)

SUBJECT TO THE GENERAL AGGREGATE LIMIT

70

3.912

(A)

\$274.00

007=UNITS

**TOTAL ADVANCE PREMIUM** 

\$274.00

**ADVANCE PREMIUM** 

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 <b>75 02 06 99</b>	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

81650-3511

**PAGE BRANCH** 

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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

AUTHORIZED REPRESENTATIVE Willia B. Wester

+ech-

COUNTERSIGNED LICENSED RESIDENT AGENT

AGENT 044-307 GINA WELKER 829 RAILROAD AVE RIFLE

CO 81650-3511

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Stock No. 05981

CG AF 01 08 18

INSURED

## 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

STONEY RIDGE HOMEOWNERS ASSOCIATION INC

**INSURED** 

PO BOX 1010

MAILING **ADDRESS** 

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.

**PREMIUM** 

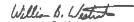
COMMERCIAL INLAND MARINE COVERAGE PART

\$2,565.00

**TOTAL PREMIUM** 

\$2,565.00

AUTHORIZED REPRESENTATIVE





COUNTERSIGNED
LICENSED RESIDENT AGENT



AGENT 044-307 GINA WELKER 829 RAILROAD AVE RIFLE

81650-3511

01 JLK

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ENTRY DATE 02/02/2023

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

## **COMMERCIAL INLAND MARINE COVERAGE PART**

**POLICY NUMBER** 05 XQ4535-02 **DECLARATIONS** 

**COMPANY CODE** 0023-BLBK-CO

NAMED

STONEY RIDGE HOMEOWNERS ASSOCIATION INC

**INSURED** 

PO BOX 1010

MAILING

NEW CASTLE CO 81647-1010

**ADDRESS** 

**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

IL75261205

IL00171198

IM-5102 Ed 1.0

IL09850115

IL02280907

AUTHORIZED REPRESENTATIVE

Willia B. Wester

COUNTERSIGNED LICENSED RESIDENT AGENT



AGENT 044-307 GINA WELKER 829 RAILROAD AVE

RIFLE

CO 81650-3511

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**BRANCH** JLK 02 - 12

ENTRY DATE 02/02/2023

Ed. 8/18

INSURED

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



VALUATION	
SEE FORM IM-5103	AND IM-7500
DEDUCTIBLE	
Deductible Amount	\$500
COINSURANCE	
Coinsurance Percentage	100
[ ] Check if coinsurance pr	rovisions are waived