

3 Ravinia Drive
Atlanta GA 30346-2117

Named Insured

AT1 M-20-1957-FAD1 F V
001195 3125
THE MC CORMICK RANCH ASSOC
PO BOX 2776
CRESTED BUTTE CO 81224-2776



RENEWAL DECLARATIONS

Policy Number	96-GK-5187-1	
Policy Period	Effective Date	Expiration Date
12 Months	MAR 8 2019	MAR 8 2020
The policy period begins and ends at 12:01 am standard time at the premises location.		

Agent and Mailing Address
RICHARD ALMGREN INS AGENCY INC
PO BOX 659
GUNNISON CO 81230-0659
PHONE: (970) 641-1407

0104-ST-1-1001

Residential Community Association Policy

Automatic Renewal - If the **policy period** is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Entity: CONDO

NOTICE: Information concerning changes in your policy language is included. Please call your agent if you have any questions.

POLICY PREMIUM \$ 625.00
Minimum Premium

Discounts Applied:
Renewal Year
Claim Record

Prepared
JAN 08 2019
CMP-4000

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for THE MC CORMICK RANCH ASSOC
 Policy Number 96-GK-5187-1

This Policy does not provide any SECTION I - PROPERTY coverage

SECTION II - LOCATION SCHEDULE

Location Number	Location of Described Premises
001	100 MCCORMICK RANCH RD CRESTED BUTTE CO 81224

SECTION II - LIABILITY

COVERAGE	LIMIT OF INSURANCE
Coverage L - Business Liability	\$1,000,000
Coverage M - Medical Expenses (Any One Person)	\$5,000
Damage To Premises Rented To You	\$300,000
Directors And Officers Liability	\$1,000,000
AGGREGATE LIMITS	LIMIT OF INSURANCE
Products/Completed Operations Aggregate	\$2,000,000
General Aggregate	\$2,000,000
Directors and Officers Aggregate	\$1,000,000

Each paid claim for Liability Coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II - Liability in the Coverage Form and any attached endorsements.