



Po Box 2915  
 Bloomington IL 61702-2915

**Named Insured**

001519 3123 M-20-3ACA-FBC2 F V  
**BLACK HAWK RANCH POA**  
 PO BOX 1245  
 WALSENBURG CO 81089-1245

<b>Policy Number</b>	96-G2-6128-8	
<b>Policy Period</b>	<b>Effective Date</b>	<b>Expiration Date</b>
12 Months	FEB 3 2026	FEB 3 2027
The policy period begins and ends at 12:01 am standard time at the premises location.		

**Agent and Mailing Address**  
 MARKIE DAVIS  
 535 E MAIN ST  
 TRINIDAD CO 81082-2762  
 PHONE: (719) 846-2283



**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.

<b>Entity:</b> HOMEOWNERS ASSOCIATION	Location Number
<b>Reason for Declarations:</b> Your policy is amended FEB 3 2026 SECTION II COVERAGE LIMITS CHANGED	001

Endorsement Premium Increase \$ 285.00

Discounts Applied:  
 Renewal Year  
 Claim Record

Prepared  
 FEB 02 2026  
 CMP-4000  
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**DECLARATIONS (CONTINUED)**

**Residential Community Association Policy for BLACK HAWK RANCH POA**  
**Policy Number 96-G2-6128-8**

**This Policy does not provide any SECTION I - PROPERTY coverage**

**SECTION II - LOCATION SCHEDULE**

Location Number	Location of Described Premises
001	8 MI S OF WALSENBURG OFF I-25 WALSENBURG CO 81089

**SECTION II - LIABILITY**

COVERAGE	LIMIT OF INSURANCE
Coverage L - Business Liability	\$2,000,000
Coverage M - Medical Expenses (Any One Person)	\$10,000
Damage To Premises Rented To You	\$300,000
Directors And Officers Liability	\$1,000,000
<b>AGGREGATE LIMITS</b>	<b>LIMIT OF INSURANCE</b>
Products/Completed Operations Aggregate	\$4,000,000
General Aggregate	\$4,000,000
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.

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## DECLARATIONS (CONTINUED)

Residential Community Association Policy for BLACK HAWK RANCH POA  
 Policy Number 96-G2-6128-8

Your policy consists of these Declarations, the BUSINESSOWNERS COVERAGE FORM shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

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**FORMS AND ENDORSEMENTS**


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CMP-4100	Businessowners Coverage Form
CMP-4815	Directors/Officers Endorsement
CMP-4206.2	Amendatory Endorsement
FE-6999.3	Terrorism Insurance Cov Notice
CMP-4550	Residential Community Assoc
CMP-4746.1	Hired Auto Liability
FE-3650	Actual Cash Value Endorsement
CMP-4561.5	Policy Endorsement
CMP-4532	Exclusion Cyber Incident

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This policy is issued by the State Farm Fire and Casualty Company.

Participating Policy

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm Fire and Casualty Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.

*Michelle Mancias*  
 Secretary

*John J. Farney*  
 President

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