1555 Promontory Circle Greeley, CO 80638-0001

T-20-2211-F632 F V

1387 Named Insured

RIO VISTAS II PO BOX 3046

TELLURIDE CO 81435-3046

Policy Number Policy Period 12 Months

96-GK-8014-8

Effective Date

Expiration Date FEB 25 2013

FEB 25 2012 The policy period begins and ends at 12:01 am standard time at the premises location.

Agent and Mailing Address
MIKE TRUJILLO INSUR AGENCY INC
2019 S TOWNSEND AVE MONTROSE CO 81401-5444

PHONE: (970) 249-4404

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: CONDOMINIUM

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

POLICY PREMIUM

6,731.00

Discounts Applied: Renewal Year Protective Devices Age of Building Claim Record

SECTION I - PROPERTY SCHEDULE

| Location Number | Location of Described Premises | Limit of Insurance* Coverage A - Buildings | Limit of Insurance* Coverage B - Business Personal Property | |
|--------------------|---|---|--|--|
| 001 | 305 SOCIETY DR TELLURIDE CO 81435-8936 | \$ 3,493,400 | No Coverage | |

^{*} As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage.

SECTION I - INFLATION COVERAGE INDEX(ES)

Inflation Coverage Index:

194.3

SECTION I - DEDUCTIBLES

Basic Deductible

\$5,000

Special Deductibles:

Money and Securities Equipment Breakdown \$250 \$2,500 **Employee Dishonesty**

\$250

Other deductibles may apply - refer to policy.

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH DESCRIBED PREMISES

The coverages and corresponding limits shown below apply separately to each described premises shown in these Declarations, unless indicated by "See Schedule." If a coverage does not have a corresponding limit shown below, but has "Included" indicated, please refer to that policy provision for an explanation of that coverage.

| LIMIT OF INSURANCE | |
|---------------------|--|
| Included | |
| Coverage B Limit | |
| 25% of covered loss | |
| Included | |
| \$5,000 | |
| \$5,000 | |
| Included | |
| 10% | |
| \$100,000 | |
| \$250,000 | |
| Included | |
| 30 Days | |
| Included | |
| | INSURANCE Included Coverage B Limit 25% of covered loss Included \$5,000 \$5,000 Included 10% \$100,000 \$250,000 Included 30 Days |

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH COMPLEX

The coverages and corresponding limits shown below apply separately to each complex as described in the policy.

| COVERAGE | LIMIT OF INSURANCE |
|--|----------------------|
| Accounts Receivable On Premises Off Premises | \$50,000 \$15,000 |
| Arson Reward | \$5,000 |
| Forgery Or Alteration | \$10,000 |
| Money And Securities (Off Premises) | \$5,000 |
| Money And Securities (On Premises) | \$10,000 |
| Money Orders And Counterfeit Money | \$1,000 |
| Outdoor Property | \$5,000 |
| Personal Effects (applies only to those premises provided Coverage B - Business Personal Property) | \$2,500 |
| Personal Property Off Premises | \$15,000 |
| Pollutant Clean Up And Removal | \$10,000 |
| Property Of Others (applies only to those premises provided Coverage B - Business Personal Property) | \$2,500 |
| Signs | \$2,500 |
| Valuable Papers And Records On Premises Off Premises | \$10,000 \$5,000 |

Prepared JAN 03 2012 CMP-4000

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - PER POLICY

The coverages and corresponding limits shown below are the most we will pay regardless of the number of described premises shown in these Declarations.

| COVERAGE | LIMIT OF INSURANCE |
|----------------------------------|-----------------------------------|
| Back-Up of Sewer or Drain | Included |
| Employee Dishonesty | \$25,000 |
| Loss Of Income And Extra Expense | Actual Loss Sustained - 12 Months |

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 |
| AGGREGATE LIMITS | LIMIT OF INSURANCE |
| Products/Completed Operations Aggregate | \$2,000,000 |
| General Aggregate | \$2,000,000 |

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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Residential Community Association Policy for RIO VISTAS II Policy Number 96-GK-8014-8

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.

FORMS AND ENDORSEMENTS

| CMP-4100 | *Businessowners Coverage Form |
|-----------|---------------------------------|
| CMP-4705 | *Loss of Income & Extra Expnse |
| CMP-4550 | *Residential Community Assoc |
| CMP-4710 | *Employee Dishonesty |
| CMP-4746 | *Hired Auto Liability |
| CMP-4206 | *Amendatory Endorsement |
| CMP-4508 | *Money and Securities |
| FE-6999.1 | *Terrorism Insurance Cov Notice |
| FD-6007 | *Inland Marine Attach Dec |
| | * New Form Attached |

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.

Lynne M. Yourle Secretary

President

2 to Al Surveiles



T-20-2211-F632 F V

Named Insured

RIO VISTAS II PO BOX 3046 TELLURIDE CO 81435-3046 Policy Number 96-GK-8014-8

Policy Period Effective Date 12 Months FEB 25 2012 Expiration Date FEB 25 2013

12 Months FEB 25 2012 FEB 25 2013 The policy period begins and ends at 12:01 am standard time at the premises location.

ATTACHING INLAND MARINE

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.

Annual Policy Premium

Included

The above Premium Amount is included in the Policy Premium shown on the Declarations.

Your policy consists of these Declarations, the INLAND MARINE CONDITIONS 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.

Forms, Options, and Endorsements

FE-8743 FE-8739 *Inland Marine Computer Prop

*Inland Marine Conditions

*New Form Attached

See Reverse for Schedule Page with Limits

Prepared JAN 03 2012 FD-6007 ALLONDO DELLO DECIDIO DE LA CONTRACTORIA DE LA CONT

ATTACHING INLAND MARINE

| ENDORSEMENT NUMBER | COVERAGE | LIMIT OF INSURANCE | DEDUC AMOU | | ANNUAL PREMIUM |
|-----------------------|---|-----------------------|---------------|-----|----------------------|
| FE-8743 | Inland Marine Computer Prop Loss of Income and Extra Expense | \$ 10,000 | \$ | 500 | Included Included |

OTHER LIMITS AND EXCLUSIONS MAY APPLY - REFER TO YOUR POLICY -