

0111-ST-1-1001

STATE FARM FIRE AND CASUALTY COMPANY

A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

Po Box 2915 Bloomington IL 61702-2915

Named Insured

AT2

000985 3125^{M-16-12F7-FB15} F V

THE BLUFFS HOMEOWNERS

ASSOCIATION, INC PO BOX 352202 TOLEDO OH 43635 43635-2202

RENEWAL DECLARATIONS

Policy Number

95-GG-X876-6

Policy Period Effective Date 12 Months FEB 7 2024

Expiration Date FEB 7 2025

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

Agent and Mailing Address IVAN INSURANCE AGENCY INC 604 FORD ST STE A MAUMEE OH 43537-1913

PHONE: (419) 893-2742

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: Corporation

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

Buildings POLICY PREMIUM 1,144.00

Discounts Applied: Claim Record

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Residential Community Association Policy for THE BLUFFS HOMEOWNERS Policy Number 95-GG-X876-6

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 | 6823 W BANCROFT ST TOLEDO OH 43615 | No Coverage | No Coverage |

AUXILIARY STRUCTURES

| Location Number | Description | Limit of Insurance* Coverage A - Buildings | Limit of Insurance* Coverage B - Business Personal Property |
|--------------------|-------------|---|--|
| 001A | SIGN | \$ 10,900 | See Prop Sch |

^{*} 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:

230.5

SECTION I - DEDUCTIBLES

Basic Deductible

\$1,000

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Special Deductibles:



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Money and Securities Equipment Breakdown

\$250 \$1,000 **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.

| COVERAGE | LIMIT OF INSURANCE |
|--|---|
| Collapse | Included |
| Damage To Non-Owned Buildings From Theft, Burglary Or Robbery | Coverage B Limit |
| Debris Removal | 25% of covered loss |
| Equipment Breakdown | ballogers And Countries Money |
| Fire Department Service Charge | \$5,000 |
| Fire Extinguisher Systems Recharge Expense | p000,5\$ Effects (applies only to those pr |
| Glass Expenses | Included |
| Increased Cost Of Construction And Demolition Costs (applies only when b insured on a replacement cost basis) | Pwornal Property Off Premisers agnibility Politicant Clean Up And Removal |
| Newly Acquired Business Personal Property (applies only if this policy provi Coverage B - Business Personal Property) | ides \$100,000 |
| Newly Acquired Or Constructed Buildings (applies only if this policy provide Coverage A - Buildings) | \$ \$250,000 |
| Ordinance Or Law - Equipment Coverage | becords And Records |
| Preservation Of Property | 30 Days |
| Water Damage, Other Liquids, Powder Or Molten Material Damage | Included |

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Residential Community Association Policy for THE BLUFFS HOMEOWNERS Policy Number 95-GG-X876-6

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 HOSE OF VINCENESS VIGOS WORLD TO VINCENESS VIGOS VICENESS VI | LIMIT OF INSURANCE |
|---|---------------------------|
| Accounts Receivable | etc. hal spaints ended |
| On Premises Off Premises | \$50,000 |
| Arson Reward | \$15,000 \$BARBVOQ |
| Forgery Or Alteration | \$5,000 |
| Money And Securities (Off Premises) | \$10,000 |
| Money And Securities (On Premises) | \$5,000 |
| Money Orders And Counterfeit Money | \$10,000 |
| Outdoor Property | \$1,000 |
| Personal Effects (applies only to those premises provided Coverage B - Business | \$5,000 |
| Personal Property) | \$2,500 |
| Personal Property Off Premises | GIASS EXDENSES |
| Pollutant Clean Up And Removal | |
| Property Of Others (applies only to those premises provided Coverage B - Business | \$10,000 |
| | \$2,500 |
| Signs Capplies only if this policy provides | \$2,500 |
| Valuable Papers And Records On Premises | Outer age of the Parities |
| Off Premises | \$10,000 \$5,000 |
| | Carried (C. BOBBABBB) |

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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.

| 001 | 1 100 | - A | _ |
|-----|----------|------------|--------|
| CO | / | $\simeq n$ | (C lo |
| | <i>-</i> | | |

Back-Up of Sewer or Drain

Employee Dishonesty

Loss Of Income And Extra Expense

LIMIT OF INSURANCE

Included

\$25,000

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) | \$10,000 |
| Damage To Premises Rented To You | \$300,000 |
| Directors And Officers Liability | \$1,000,000 |
| AGGREGATE LIMITS TO BE VISCOURDED BY THE BOUND BY THE BOU | LIMIT OF INSURANCE |
| Products/Completed Operations Aggregate | \$2,000,000 |
| General Aggregate | \$2,000,000 |
| Directors and Officers Aggregate | \$1,000,000 |
| Each poid along for Linkitty O | |

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 THE BLUFFS HOMEOWNERS Policy Number 95-GG-X876-6

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 1 VSG 11W AW 120 m and eva woled rewards attent gardon agreemen bins segenevos

SO THE A

| CMP-4100 | Businessowners Coverage Form |
|------------|---------------------------------|
| CMP-4561.4 | *Policy Endorsement |
| CMP-4235.2 | *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-4525 | Amend Occurrence Definition |
| CMP-4705.2 | Loss of Income & Extra Expnse |
| CMP-4508 | Money and Securities |
| CMP-4814 | Directors & Officers Liability |
| CMP-4710 | Employee Dishonesty |
| 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.

Secretary

President

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NOTICE TO POLICYHOLDER:

For a comprehensive description of coverages and forms, please refer to your policy.

Policy changes requested before the "Date Prepared", which appear on this notice, are effective on the Renewal Date of this policy unless otherwise indicated by a separate endorsement, binder, or amended declarations. Any coverage forms attached to this notice are also effective on the Renewal Date of this policy.

Policy changes requested after the "Date Prepared" will be sent to you as an amended declarations or as an endorsement to your policy. Billing for any additional premium for such changes will be mailed at a later date. If, during the past year, you've acquired any valuable property items, made any improvements to insured property, or have any questions about your insurance coverage, contact your State Farm agent.

Please keep this with your policy.

Your coverage amount....

It is up to you to choose the coverage and limits that meet your needs. We recommend that you purchase a coverage limit equal to the estimated replacement cost of your structure. Replacement cost estimates are available from building contractors and replacement cost appraisers, or, your agent can provide an estimate from Xactware, Inc. using information you provide about your structure. We can accept the type of estimate you choose as long as it provides a reasonable level of detail about your structure. State Farm ocean accept that any estimate will be the actual future cost to rebuild your structure. Higher limits are available at higher premiums. Lower limits are also available, as long as the amount of coverage meets our underwriting requirements. We encourage you to periodically review your coverages and limits with your agent and to notify us of any changes or additions to your structure.

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