

Po Box 2915
Bloomington IL 61702-2915

Named Insured

AT2 M-20-1505-FBFA F V

HAMPTON ON THE GREEN
NEIGHBORHOOD ASSOCIATION
C/O JENNIE STITES
5300 ADAMS AVE PKWY STE 8
OGDEN UT 84405-6955

Policy Number	94-BF-C712-8	
Policy Period	Effective Date	Expiration Date
12 Months	DEC 14 2023	DEC 14 2024
The policy period begins and ends at 12:01 am standard time at the premises location.		

Agent and Mailing Address
SPEECHLY INSURANCE AGCY INC
3619 BRINKER AVE
OGDEN UT 84403-2017

PHONE : (801) 621-2831

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's term is terminated, we will give you and the Mortgage/Lender 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.

POLICY PREMIUM \$ 952.00

Discounts Applied:
Renewal Year
Claim Record

Prepared
OCT 30 2023
CMP-4000

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FOR FURTHER INFORMATION

RENEWAL DECLARATIONS (CONTINUED)

Residentia Community Association Policy for HAMPTON ON THE GREEN
 Policy Number 94-BF-C712-8

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	5531 CHOKECHERRY CT OGDEN UT 84403-5099	No Coverage	No Coverage

AUXILIARY STRUCTURES

Location Number	Description	Limit of Insurance Coverage A - Buildings	Limit of Insurance Coverage B - Business Personal Property
001A	Fence, walls, etc.	\$ 33,200	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 II - INFLATION COVERAGE INDEX(ES)

Inflation Coverage Index: 228.6

SECTION III - DEDUCTIBLES

Basic Deductible \$1,000

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RENEWAL DECLARATIONS (CONTINUED)

Resident Community Association Policy for HAMPTON ON THE GREEN
Policy Number 94-BF-C712-8

Special Deductibles

Money and Securities	\$250	Employee Dishonesty	\$250
Equipment Breakdown	\$1,000		

Other deductibles may apply - refer to policy.

SECTION - 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	Included
Fire Department Service Charge	\$5,000
Fire Extinguisher Systems Recharge Expense	\$5,000
Glass Expenses	Included
Increased Cost Of Construction And Demolition Costs (applies only when buildings are insured on a replacement cost basis)	10%
Newly Acquired Business Personal Property (applies only if this policy provides Coverage B - Business Personal Property)	\$100,000
Newly Acquired Or Constructed Buildings (applies only if this policy provides Coverage A - Buildings)	\$250,000
Ordinance Or Law - Equipment Coverage	Included
Preservation Of Property	30 Days
Water Damage, Other Liquids, Powder Or Moist Material Damage	Included

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for HAMPTON ON THE GREEN
 Policy Number 94-BF-C712-8

SECTION - 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	\$50,000
Off Premises	\$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	\$3,000
Valuable Papers And Records	
On Premises	\$10,000
Off Premises	\$5,000

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RENEWAL DECLARATIONS (CONTINUED)

Resident Community Association Policy for HAMPTON ON THE GREEN
Policy Number 94-BF-C712-8

SECTION III - 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	\$50,000
Loss Of Income And Extra Expense	Actual Loss Sustained - 12 Months

SECTION III - LIABILITY

COVERAGE	LIMIT OF INSURANCE
Coverage L - Business Liability	\$3,000,000
Coverage M - Medical Expenses (Any One Person)	\$5,000
Damage To Premises Rented To You	\$300,000
Directors And Officers Liability	\$3,000,000
AGGREGATE LIMITS	
Products/Completed Operations Aggregate	\$6,000,000
General Aggregate	\$6,000,000
Directors and Officers Aggregate	\$3,000,000

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

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for HAMPTON ON THE GREEN
Policy Number 94-BF-C712-8

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
- FE-6999.3 Terrorism Insurance Cov Notice
- CMP-4566 Residential Community Assoc
- CMP-4746.1 Hired Auto Liability
- CMP-4244.2 Amendatory Endorsement
- CMP-4705.2 Loss of Income & Extra Expense
- CMP-4508 Money and Securities
- CMP-4710 Employee Dishonesty
- CMP-4814 Directors & Officers Liability
- CMP-4788 Additional Mgrs Lessor of Prem
- FE-3650 Actual Cash Value Endorsement
- CMP-4561.4 Policy Endorsement
- FD-6007 Land Marine Attach Dec
- * New Form Attached

SCHEDULE OF ADDITIONAL INTERESTS

Interest Type: Additional-Section
 Endorsement #: CMP4788
 Loan Number: N/A

WELCH RANDALL PROPERTY
 MANAGEMENT
 5300 ADAMS AVE PKWY STE 8
 OGDEN UT 844056955

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RENEWAL DECLARATIONS (CONTINUED)

Resident Community Association Policy for HAMPTON ON THE GREEN
Policy Number 94-BF-C712-8

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. Yauell
Secretary

Michael F. Lipson
President

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.

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RENEWAL DECLARATIONS (CONTINUED)

Resident Community Association Policy for HAMPTON ON THE GREEN
Policy Number 94-BF-C712-8

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® does not guarantee 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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STATE FARM FIRE AND CASUALTY COMPANY
A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

INLAND MARINE ATTACHING DECLARATIONS

Po Box 2915
Bloomington IL 61702-2915

Named Insured

M-20-1505-FBFA F V

HAMPTON ON THE GREEN
NEIGHBORHOOD ASSOCIATION
C/O JENNIE STITES
5300 ADAMS AVE PKWY STE 8
OGDEN UT 84405-6955

Policy Number	94-BF-C712-8	
Policy Period	Effective Date	Expiration Date
12 Months	DEC 14 2023	DEC 14 2024
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's term is terminated, we will give you and the Mortgagee/Lenderholder 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-8739 Inland Marine Conditions
FE-8743.1 Inland Marine Computer Prop

See Reverse for Schedule Page with Limits

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FORM NO. 88 (08) (00000)

ATTACHING INLAND MARINE SCHEDULE PAGE

ATTACHING INLAND MARINE

ENDORSEMENT NUMBER	COVERAGE	LIMIT OF INSURANCE	DEDUCTIBLE AMOUNT	ANNUAL PREMIUM
FE-8743.1	Inland Marine Computer Prop Loss of Income and Extra Expense	\$ 10,000 \$ 10,000	\$ 500	Included Included

 OTHER LIMITS AND EXCLUSIONS MAY APPLY - REFER TO YOUR POLICY

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FORM NO. 88 (01/01) (REVISED)