

StateFarm



FIDELITY & SURETY BOND OPERATION  
3 STATE FARM PLAZA  
BLOOMINGTON, IL 61791-0001

# BALANCE DUE NOTICE

POLICY NUMBER 96-BN-S601-0  
FIDELITY BOND  
11/01/2022 TO 11/01/2023  
DATE DUE PLEASE PAY THIS AMOUNT  
NOV 1 2022 \$ 1,202.00

1997-FC06

INSURED: PAYER  
THOMPSON CORNER HOA  
C/O SILVER MOUNTAIN PROPERTIES  
326 HIGHWAY 133 STE 120  
CARBONDALE CO 81623-1568

PREVIOUS BALANCE DUE \$ 452.00  
ENDORSEMENT PREMIUM \$ 750.00  
BALANCE DUE \$ 1,202.00  
DATE DUE NOV 1 2022

MANAGING AGENT: SILVER MOUNTAIN PROPERTIES  
326 HIGHWAY 133 STE 120  
CARBONDALE CO 81623-1568

*Thanks for letting us serve you...*

Agent TODD FUGATE CPCU  
Telephone (970) 963-5610



50 5099 9108  
Please fold and tear here

Please keep this part for your record.

Prepared 08/29/2022

MOVING? PLEASE SEE YOUR STATE FARM AGENT. 1997-FC06

INSURED THOMPSON CORNER HOA  
POLICY NUMBER 96-BN-S601-0 FIDELITY BOND

PLEASE RETURN THIS PART WITH YOUR  
CHECK MADE PAYABLE TO STATE FARM  
DATE DUE PLEASE PAY THIS AMOUNT  
NOV 1 2022 \$ 1,202.00

Please contact your State Farm Agent  
to make any policy changes.

2009000007  
State Farm Insurance Companies  
PO Box 680001  
DALLAS TX 75368-0001



538-160 b.7-DA 04-20-2022 (F0047j)

For office use only

Prepared 08/29/2022

FIRE BAL DUE	\$ 1,202.00	1201
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NO. 96-BN-S601-0

**CRIME POLICY DECLARATIONS**

**FORM A**

AMENDED 11/01/2022

STATE FARM FIRE AND CASUALTY COMPANY

3 STATE FARM PLAZA, BLOOMINGTON IL 61791-0001

1.-2. Named Insured and Mailing Address

a Stock Company with Home Offices in Bloomington, Illinois.

THOMPSON CORNER HOA  
C/O SILVER MOUNTAIN PROPERTIES  
326 HIGHWAY 133 STE 120  
CARBONDALE CO 81623-1568

YOUR POLICY IS AMENDED 11/01/2022:  
INSURED NAME AND/OR ADDRESS CHANGE  
ENDORSEMENT FE-9162.1 ADDED

3. Policy Period

From: November 1, 2016

until cancelled, as provided in the policy at  
12:01A.M. Standard Time at your mailing  
address shown above.

This Policy consists of this Declarations Form,  
the Common Policy Conditions, the Crime  
General Provisions Form and the Coverage  
Forms indicated as applicable.

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS  
POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

4. Coverage, Limits of Insurance and Deductible

Coverage Forms Forming Part of This Policy	Limit of Insurance	Deductible Amount
FB-9148.3 CRIME GENERAL PROVISIONS		
IL-0017 11 85 COMMON POLICY CONDITIONS		
FB-9159.1 COVERAGE FORM A-BLANKET	250000	250

5. Endorsements Forming Part of This Policy When Issued:

IL-0228 04 98 CO CHANGES ENDORSEMENT  
SE-9023 02 06 LIMIT OF LIABILITY OCCURRENCE  
CR-1026 10 90 NON COMP OFFICERS AS EMPLOYEES  
CR-1002 01 89 EXCLUDE DESIGNATED PERSONS  
FE-9162.1 INC DESIGNATED AGT AS EMPLOYEE

ENDORSEMENT  
PREMIUM INCREASE

\$ 750.00

6. Cancellation of Prior Insurance: By acceptance of this Policy you give us notice cancelling prior policy or bond Nos. \_\_\_\_\_

the cancellation to be effective at the time this Policy becomes effective.

Countersigned \_\_\_\_\_

PREPARED  
08/29/2022

by \_\_\_\_\_

(Authorized Representative)

## COMMON POLICY CONDITIONS

This policy is subject to the following conditions

### A. CANCELLATION

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
  - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
  - b. 30 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be prorata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.

### B. CHANGES

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made apart of this policy.

### C. EXAMINATION OF YOUR BOOKS AND RECORDS

We may examine and audit your books and records as they relate to this policy at any time during the policy period and upto three years afterward.

### D. INSPECTIONS AND SURVEYS

We have the right but are not obligated to:

1. Make inspections and surveys at anytime;
2. Give you reports on the conditions we find; and
3. Recommend changes.

Any inspections, surveys, reports or recommendations relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:

1. Are safe or healthful; or
2. Comply with laws, regulations, codes or standards.

This condition applies not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.

### E. PREMIUMS

The first Named Insured shown in the Declarations:

1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums we pay.

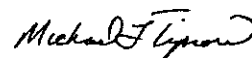
### F. TRANSFER OF YOUR RIGHTS AND DUTIES UNDER THIS POLICY

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

In witness whereof, the Company has caused this Policy to be executed on the Declarations page.

  
Secretary

  
President



NAMED INSURED: THOMPSON CORNER HOA

POLICY NUMBER: 96-BN-S601-0

THIS ENDORSEMENT CHANGES THE POLICY - PLEASE READ IT CAREFULLY

INCLUDE DESIGNATED AGENTS AS EMPLOYEE

This endorsement applies to the CRIME GENERAL PROVISIONS FORM and all Crime Coverage Forms forming part of the Policy.

A. SCHEDULE

Name and complete address

Limit of Insurance

SILVER MOUNTAIN PROPERTIES
326 HIGHWAY 133 STE 120
CARBONDALE CO 81623-1568

250000

B. PROVISIONS

- 1. "Employee" also includes each natural person, partnership or corporation you appoint in writing to act as your agent...
2. The most we will pay for loss caused by an agent included as an "employee" by this endorsement...
3. If any natural person, partnership or corporation, deemed to be an Employee in accordance with Provisions of this endorsement...
4. This endorsement does not afford coverage in favor of any agent, as aforesaid, and upon payment to the Insured...
5. This endorsement is effective as of 12:01a.m. on November 1, 2022 standard time as specified in the Policy.

Accepted:

(Name of Insured)

By:

(Name)

(Title)

