Named Insured

AT2

M-15-1308-FB9A F V 3125

BIG HORN AT LONE MOUNTAIN UNITOWNERS ASSOCIATION ATTN BOZEMAN ACCT SOLUTIONS PO BOX 10938 BOZEMAN MT 59719-0938

001298

Policy Number 96-BH-2603-0

Policy Period Effective Date DEC 15 2020 12 Months

Expiration Date DEC 15 2021

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

Agent and Mailing Address

BRAD W DAWS INSURANCE AGCY INC PO BOX 1799

BOZEMAN MT 59771-1799

PHONE: (406) 587-4010

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.

POLICY PREMIUM

\$ 58.393.00

Discounts Applied: Renewal Year Multiple Unit Claim Record

Prepared OCT 21 2020 CMP-4000

Residential Community Association Policy for BIG HORN AT LONE MOUNTAIN Policy Number 96-BH-2603-0

SECTION I - PROPERTY BLANKET

Coverage A - Buildings Coverage B - Business Personal Property Limit of Insurance* \$ 17,761,000 No Coverage

Location Number	Location of Described Premises
001	MOUNTAIN VILLAGE BLDG 1 BISON RUN UNITS 1-2 BIG SKY MT 59716
002	MOUNTAIN VILLAGE BLDG 2 BISON RUN UNITS 3-7 BIG SKY MT 59716
003	MOUNTAIN VILLAGE BLDG 3 BISON RUN UNITS 8-11 BIG SKY MT 59716
004	MOUNTAIN VILLAGE BLDG 4 BISON RUN UNITS 12-13 BIG SKY MT 59716
005	MOUNTAIN VILLAGE BLDG 5 BISON RUN UNITS 14-15 BIG SKY MT 59716
006	MOUNTAIN VILLAGE BLDG 6 BISON RUN UNITS 16-17 BIG SKY MT 59716
007	MOUNTAIN VILLAGE BLDG 7 BISON RUN UNITS 18-19 BIG SKY MT 59716
008	MOUNTAIN VILLAGE BLDG 8 BISON RUN UNITS 20-23 BIG SKY MT 59716

Residential Community Association Policy for BIG HORN AT LONE MOUNTAIN Policy Number 96-BH-2603-0



Location Number	Location of Described Premises
009	MOUNTAIN VILLAGE BLDG 9 BISON RUN UNITS 24-27 BIG SKY MT 59716
010	MOUNTAIN VILLAGE BLDG 10 BISON RUN UNITS 28-31 BIG SKY MT 59716
011	MOUNTAIN VILLAGE BLDG 11 RUNNING BEAR UNITS 32-33 BIG SKY MT 59716
012	MOUNTAIN VILLAGE BLDG 12 RUNNING BEAR UNITS 34-35 BIG SKY MT 59716
013	MOUNTAIN VILLAGE BLDG 13 RUNNING BEAR UNITS 36-38 BIG SKY MT 59716
014	MOUNTAIN VILLAGE BLDG 14 RUNNING BEAR UNITS 39-40 BIG SKY MT 59716
015	MOUNTAIN VILLAGE BLDG 15 RUNNING BEAR UNITS 41-44 BIG SKY MT 59716
016	MOUNTAIN VILLAGE BLDG 16 RUNNING BEAR UNITS 45-48 BIG SKY MT 59716
017	MOUNTAIN VILLAGE BLDG 17 RUNNING BEAR UNITS 53-54 BIG SKY MT 59716
018	MOUNTAIN VILLAGE BLDG 18 RUNNING BEAR UNITS 49-52 BIG SKY MT 59716

Page 3 of 10

Residential Community Association Policy for BIG HORN AT LONE MOUNTAIN Policy Number 96-BH-2603-0

Location Number	Location of Described Premises
019	MOUNTAIN VILLAGE BLDG 19 BISON RUN UNITS 55-58 BIG SKY MT 59716
020	MOUNTAIN VILLAGE BLDG 20 RUNNING BEAR UNITS 61-64 BIG SKY MT 59716
021	MOUNTAIN VILLAGE BLDG 21 RUNNING BEAR UNITS 59-60 BIG SKY MT 59716
022	MOUNTAIN VILLAGE BLDG 22 RUNNING BEAR UNITS 65-66 BIG SKY MT 59716
023	MOUNTAIN VILLAGE BLDG 23 RUNNING BEAR UNITS 67-68 BIG SKY MT 59716
024	MOUNTAIN VILLAGE BLDG 24 RUNNING BEAR UNITS 69-70 BIG SKY MT 59716

^{*} 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: 193.6

SECTION I - DEDUCTIBLES

Basic Deductible \$15,000

Residential Community Association Policy for BIG HORN AT LONE MOUNTAIN Policy Number 96-BH-2603-0

Special Deductibles:



Earthquake 10% Money and Securities \$250 Employee Dishonesty \$250 Equipment Breakdown \$2,500

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	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 Molten Material Damage	Included

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

OCT 21 2020

Actual Loss Sustained - 12 Months

RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for BIG HORN AT LONE MOUNTAIN Policy Number 96-BH-2603-0



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

Back-Up of Sewer or Drain

Employee Dishonesty

LIMIT OF INSURANCE

Included

\$100,000

SECTION II - LIABILITY

Loss Of Income And Extra Expense

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
Directors And Officers Liability	\$3,000,000
AGGREGATE LIMITS	LIMIT OF INSURANCE
Products/Completed Operations Aggregate	\$2,000,000
General Aggregate	\$2,000,000
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 II - Liability in the Coverage Form and any attached endorsements.

OCT 21 2020

RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for BIG HORN AT LONE MOUNTAIN Policy Number 96-BH-2603-0

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-6999.2	*Terrorism Insurance Cov Notice
CMP-4226.2	Amendatory Endorsement
CMP-4814	Directors & Officers Liability
CMP-4862	Building Ordinance or Law Cov
CMP-4720.1	Earthquake Volcanic Eruption
CMP-4829	Guaranteed Replacement Cost
CMP-4555	Residential Community Assoc
CMP-4746.1	Hired Auto Liability
CMP-4710	Employee Dishonesty
CMP-4508	Money and Securities
CMP-4705.2	Loss of Income & Extra Expense
CMP-4860	Al Design Person Org
FE-3650	Actual Cash Value Endorsement
CMP-4561.1	Policy Endorsement
CMP-4788	Addl Insd Mgrs Lessor of Prem
FD-6007	Inland Marine Attach Dec
	* New Form Attached

SCHEDULE OF ADDITIONAL INTERESTS

Interest Type: Addl Insured-Section II Interest Type: Addl Insured-Section II

Endorsement #: CMP4860 **Loan Number:** N/A **Endorsement #:** CMP4788 **Loan Number:** N/A

BOYNE USA BOZEMAN ACCOUNTING SOLUTIONS

LLC

PO BOX 160001

BIG SKY MT 597160001 PO BOX 10938

BOZEMAN MT 597190938

Interest Type: Addl Insured-Section II

Endorsement #: CMP4860 Loan Number: N/A

HPM

PO BOX 161242

BIG SKY MT 597161242

0507-ST--0001

RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for BIG HORN AT LONE MOUNTAIN Policy Number 96-BH-2603-0

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. Yourll
Secretary

Michael Tignon

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.

Prepared OCT 21 2020 CMP-4000

Residential Community Association Policy for BIG HORN AT LONE MOUNTAIN Policy Number 96-BH-2603-0

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 coept 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.

Page 10 of 10

STATE FARM FIRE AND CASUALTY COMPANY

Po Box 853925 Richardson, TX 75085-3925

Named Insured

M-15-1308-FB9A F V

BIG HORN AT LONE MOUNTAIN UNITOWNERS ASSOCIATION ATTN BOZEMAN ACCT SOLUTIONS PO BOX 10938 BOZEMAN MT 59719-0938

A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS INLAND MARINE ATTACHING DECLARATIONS

Policy Number	96-BH-2603-0	
Policy Period 12 Months The policy period I time at the premise	Effective Date DEC 15 2020 Degins and ends at 1 es location.	Expiration Date DEC 15 2021 2:01 am standard



0607-ST--0001

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

Inland Marine Conditions FE-8739 Amendatory Endorsement FE-6262 FE-8743.1 Inland Marine Computer Prop

See Reverse for Schedule Page with Limits

Prepared OCT 21 2020 FD-6007

© Copyright, State Farm Mutual Automobile Insurance Company, 2008 Includes copyrighted material of Insurance Services Office, Inc., with its permission.

ATTACHING INLAND MARINE SCHEDULE PAGE

ATTACHING INLAND MARINE

ENDORSEMENT NUMBER	COVERAGE	_	IMIT OF NSURANCE	DEDU(AMOU	– – –	ANNUAL PREMIUM
FE-8743.1	Inland Marine Computer Prop Loss of Income and Extra Expense	\$ \$	10,000 10,000	\$	500	Included Included

OCT 21 2020

In accordance with the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2015, this disclosure is part of your policy.

FE-6999.2 POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is not excluded from your current policy. However your policy does contain other exclusions which may be applicable, such as an exclusion for nuclear hazard. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury-in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under this policy, any covered losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on

January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019; and 80% beginning on January 1, 2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

There is no separate premium charged to cover insured losses caused by terrorism. Your insurance policy establishes the coverage that exists for insured losses. This notice does not expand coverage beyond that described in your policy.

THIS IS YOUR NOTIFICATION THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER YOUR POLICY MAY BE PARTIALLY REIM-BURSED BY THE UNITED STATES GOVERN-MENT AND MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE YOUR COV-ERAGE.

FE-6999.2

96-BH-2603-0 007176 M 7170

STATE FARM FIRE AND CASUALTY COMPANY

A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS RENEWAL DECLARATIONS

Po Box 853925 Richardson, TX 75085-3925

AddI Insured-Section II Only

M-15-1308-FB9A F V 3125 001299

BOZEMAN ACCOUNTING SOLUTIONS LLC PO BOX 10938

BOZEMAN MT 59719-0938

-ՄիոլիհարկըՄիկիՄՈՍՄակնկՈւկըՄինՄրիգՄի

Policy Number 96-BH-2603-0

Policy Period Effective Date DEC 15 2020 12 Months

Expiration Date DEC 15 2021

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

Named Insured

BIG HORN AT LONE MOUNTAIN UNITOWNERS ASSOCIATION ATTN BOZEMAN ACCT SOLUTIONS PO BOX 10938

BOZEMAN MT 59719-0938

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.

POLICY PREMIUM

\$ 58.393.00

Discounts Applied: Renewal Year Multiple Unit Claim Record

Prepared OCT 21 2020 CMP-4000

007177 294 AI

SECTION I - PROPERTY BLANKET

Coverage A - Buildings Coverage B - Business Personal Property Limit of Insurance* \$ 17,761,000 No Coverage

Location Number	Location of Described Premises
001	MOUNTAIN VILLAGE BLDG 1 BISON RUN UNITS 1-2 BIG SKY MT 59716
002	MOUNTAIN VILLAGE BLDG 2 BISON RUN UNITS 3-7 BIG SKY MT 59716
003	MOUNTAIN VILLAGE BLDG 3 BISON RUN UNITS 8-11 BIG SKY MT 59716
004	MOUNTAIN VILLAGE BLDG 4 BISON RUN UNITS 12-13 BIG SKY MT 59716
005	MOUNTAIN VILLAGE BLDG 5 BISON RUN UNITS 14-15 BIG SKY MT 59716
006	MOUNTAIN VILLAGE BLDG 6 BISON RUN UNITS 16-17 BIG SKY MT 59716
007	MOUNTAIN VILLAGE BLDG 7 BISON RUN UNITS 18-19 BIG SKY MT 59716
008	MOUNTAIN VILLAGE BLDG 8 BISON RUN UNITS 20-23 BIG SKY MT 59716

Residential Community Association Policy for BOZEMAN ACCOUNTING SOLUTIONS Policy Number 96-BH-2603-0

Location Number	Location of Described Premises		
009	MOUNTAIN VILLAGE BLDG 9 BISON RUN UNITS 24-27 BIG SKY MT 59716		
010	MOUNTAIN VILLAGE BLDG 10 BISON RUN UNITS 28-31 BIG SKY MT 59716		
011	MOUNTAIN VILLAGE BLDG 11 RUNNING BEAR UNITS 32-33 BIG SKY MT 59716		
012	MOUNTAIN VILLAGE BLDG 12 RUNNING BEAR UNITS 34-35 BIG SKY MT 59716		
013	MOUNTAIN VILLAGE BLDG 13 RUNNING BEAR UNITS 36-38 BIG SKY MT 59716		
014	MOUNTAIN VILLAGE BLDG 14 RUNNING BEAR UNITS 39-40 BIG SKY MT 59716		
015	MOUNTAIN VILLAGE BLDG 15 RUNNING BEAR UNITS 41-44 BIG SKY MT 59716		
016	MOUNTAIN VILLAGE BLDG 16 RUNNING BEAR UNITS 45-48 BIG SKY MT 59716		
017	MOUNTAIN VILLAGE BLDG 17 RUNNING BEAR UNITS 53-54 BIG SKY MT 59716		
018	MOUNTAIN VILLAGE BLDG 18 RUNNING BEAR UNITS 49-52 BIG SKY MT 59716		

Location Number	Location of Described Premises
019	MOUNTAIN VILLAGE BLDG 19 BISON RUN UNITS 55-58 BIG SKY MT 59716
020	MOUNTAIN VILLAGE BLDG 20 RUNNING BEAR UNITS 61-64 BIG SKY MT 59716
021	MOUNTAIN VILLAGE BLDG 21 RUNNING BEAR UNITS 59-60 BIG SKY MT 59716
022	MOUNTAIN VILLAGE BLDG 22 RUNNING BEAR UNITS 65-66 BIG SKY MT 59716
023	MOUNTAIN VILLAGE BLDG 23 RUNNING BEAR UNITS 67-68 BIG SKY MT 59716
024	MOUNTAIN VILLAGE BLDG 24 RUNNING BEAR UNITS 69-70 BIG SKY MT 59716

^{*} 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: 193.6

SECTION I - DEDUCTIBLES

Basic Deductible \$15,000

Residential Community Association Policy for BOZEMAN ACCOUNTING SOLUTIONS Policy Number 96-BH-2603-0

Special Deductibles:



0306-ST--0000

Earthquake 10% Money and Securities \$250 Employee Dishonesty \$250 Equipment Breakdown \$2,500

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	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 Molten Material Damage	Included

Prepared OCT 21 2020 CMP-4000 LIMITAE

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

Residential Community Association Policy for BOZEMAN ACCOUNTING SOLUTIONS Policy Number 96-BH-2603-0

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.

LIMIT OF INSURANCE

Back-Up of Sewer or Drain

Included

Employee Dishonesty

\$100,000

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
Directors And Officers Liability	\$3,000,000
AGGREGATE LIMITS	LIMIT OF INSURANCE
Products/Completed Operations Aggregate	\$2,000,000
General Aggregate	\$2,000,000
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 II - Liability in the Coverage Form and any attached endorsements.

Residential Community Association Policy for BOZEMAN ACCOUNTING SOLUTIONS Policy Number 96-BH-2603-0

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-6999.2	*Terrorism Insurance Cov Notice
CMP-4226.2	Amendatory Endorsement
CMP-4814	Directors & Officers Liability
CMP-4862	Building Ordinance or Law Cov
CMP-4720.1	Earthquake Volcanic Eruption
CMP-4829	Guaranteed Replacement Cost
CMP-4555	Residential Community Assoc
CMP-4746.1	Hired Auto Liability
CMP-4710	Employee Dishonesty
CMP-4508	Money and Securities
CMP-4705.2	Loss of Income & Extra Expense
CMP-4860	Al Design Person Org
FE-3650	Actual Cash Value Endorsement
CMP-4561.1	Policy Endorsement
CMP-4788	Addl Insd Mgrs Lessor of Prem
FD-6007	Inland Marine Attach Dec
	* New Form Attached

Residential Community Association Policy for BOZEMAN ACCOUNTING SOLUTIONS Policy Number 96-BH-2603-0



0000--ST--0000

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. Yourll
Secretary

Michael Tignon

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.

Prepared OCT 21 2020 CMP-4000

STATE FARM FIRE AND CASUALTY COMPANY

A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS INLAND MARINE ATTACHING DECLARATIONS

Po Box 853925 Richardson, TX 75085-3925

Named Insured

M-15-1308-FB9A F V

BIG HORN AT LONE MOUNTAIN UNITOWNERS ASSOCIATION ATTN BOZEMAN ACCT SOLUTIONS PO BOX 10938 BOZEMAN MT 59719-0938

Policy Number	96-BH-2603-0	
Policy Period 12 Months The policy period I time at the premise	Effective Date DEC 15 2020 Degins and ends at 1 es location.	Expiration Date DEC 15 2021 2:01 am standard



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

Inland Marine Conditions FE-8739 Amendatory Endorsement FE-6262 FE-8743.1 Inland Marine Computer Prop

See Reverse for Schedule Page with Limits

Prepared OCT 21 2020 FD-6007

© Copyright, State Farm Mutual Automobile Insurance Company, 2008 Includes copyrighted material of Insurance Services Office, Inc., with its permission.

ATTACHING INLAND MARINE SCHEDULE PAGE

ATTACHING INLAND MARINE

ENDORSEMENT NUMBER	COVERAGE	_	IMIT OF NSURANCE	DEDU(AMOU		ANNUAL PREMIUM	
FE-8743.1	Inland Marine Computer Prop	\$ \$	10,000	\$	500	Included Included	

OCT 21 2020

AddI Insured-Section II Only

001300

HPM

PO BOX 161242

BIG SKY MT 59716-1242

M-15-1308-FB9A F V 3125

Named Insured

Policy Number

Policy Period

12 Months

BIG HORN AT LONE MOUNTAIN UNITOWNERS ASSOCIATION ATTN BOZEMAN ACCT SOLUTIONS PO BOX 10938

96-BH-2603-0

Expiration Date

DEC 15 2021

Effective Date

DEC 15 2020

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

BOZEMAN MT 59719-0938



ՈւբիվովՈւիլիի իրի այլինի իրկանական անգականի և

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.

POLICY PREMIUM

\$ 58.393.00

Discounts Applied: Renewal Year Multiple Unit Claim Record



SECTION I - PROPERTY BLANKET

Coverage A - Buildings Coverage B - Business Personal Property Limit of Insurance* \$ 17,761,000 No Coverage

Location Number	Location of Described Premises
001	MOUNTAIN VILLAGE BLDG 1 BISON RUN UNITS 1-2 BIG SKY MT 59716
002	MOUNTAIN VILLAGE BLDG 2 BISON RUN UNITS 3-7 BIG SKY MT 59716
003	MOUNTAIN VILLAGE BLDG 3 BISON RUN UNITS 8-11 BIG SKY MT 59716
004	MOUNTAIN VILLAGE BLDG 4 BISON RUN UNITS 12-13 BIG SKY MT 59716
005	MOUNTAIN VILLAGE BLDG 5 BISON RUN UNITS 14-15 BIG SKY MT 59716
006	MOUNTAIN VILLAGE BLDG 6 BISON RUN UNITS 16-17 BIG SKY MT 59716
007	MOUNTAIN VILLAGE BLDG 7 BISON RUN UNITS 18-19 BIG SKY MT 59716
008	MOUNTAIN VILLAGE BLDG 8 BISON RUN UNITS 20-23 BIG SKY MT 59716



Location Number	Location of Described Premises
009	MOUNTAIN VILLAGE BLDG 9 BISON RUN UNITS 24-27 BIG SKY MT 59716
010	MOUNTAIN VILLAGE BLDG 10 BISON RUN UNITS 28-31 BIG SKY MT 59716
011	MOUNTAIN VILLAGE BLDG 11 RUNNING BEAR UNITS 32-33 BIG SKY MT 59716
012	MOUNTAIN VILLAGE BLDG 12 RUNNING BEAR UNITS 34-35 BIG SKY MT 59716
013	MOUNTAIN VILLAGE BLDG 13 RUNNING BEAR UNITS 36-38 BIG SKY MT 59716
014	MOUNTAIN VILLAGE BLDG 14 RUNNING BEAR UNITS 39-40 BIG SKY MT 59716
015	MOUNTAIN VILLAGE BLDG 15 RUNNING BEAR UNITS 41-44 BIG SKY MT 59716
016	MOUNTAIN VILLAGE BLDG 16 RUNNING BEAR UNITS 45-48 BIG SKY MT 59716
017	MOUNTAIN VILLAGE BLDG 17 RUNNING BEAR UNITS 53-54 BIG SKY MT 59716
018	MOUNTAIN VILLAGE BLDG 18 RUNNING BEAR UNITS 49-52 BIG SKY MT 59716

Location Number	Location of Described Premises	
019	MOUNTAIN VILLAGE BLDG 19 BISON RUN UNITS 55-58 BIG SKY MT 59716	
020	MOUNTAIN VILLAGE BLDG 20 RUNNING BEAR UNITS 61-64 BIG SKY MT 59716	
021	MOUNTAIN VILLAGE BLDG 21 RUNNING BEAR UNITS 59-60 BIG SKY MT 59716	
022	MOUNTAIN VILLAGE BLDG 22 RUNNING BEAR UNITS 65-66 BIG SKY MT 59716	
023	MOUNTAIN VILLAGE BLDG 23 RUNNING BEAR UNITS 67-68 BIG SKY MT 59716	
024	MOUNTAIN VILLAGE BLDG 24 RUNNING BEAR UNITS 69-70 BIG SKY MT 59716	

^{*} 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: 193.6

SECTION I - DEDUCTIBLES

Basic Deductible \$15,000

Residential Community Association Policy for HPM Policy Number 96-BH-2603-0

Special Deductibles:



0306-ST--0000

Earthquake 10% Money and Securities \$250 Employee Dishonesty \$250 Equipment Breakdown \$2,500

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	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 Molten Material Damage	Included

Prepared OCT 21 2020 CMP-4000 LIMITAE

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



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

Back-Up of Sewer or Drain

Employee Dishonesty

LIMIT OF INSURANCE

Included

\$100,000

SECTION II - LIABILITY

Loss Of Income And Extra Expense

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
Directors And Officers Liability	\$3,000,000
AGGREGATE LIMITS	LIMIT OF INSURANCE
Products/Completed Operations Aggregate	\$2,000,000
General Aggregate	\$2,000,000
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 II - Liability in the Coverage Form and any attached endorsements.

Actual Loss Sustained - 12 Months

OCT 21 2020

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-6999.2	*Terrorism Insurance Cov Notice
CMP-4226.2	Amendatory Endorsement
CMP-4814	Directors & Officers Liability
CMP-4862	Building Ordinance or Law Cov
CMP-4720.1	Earthquake Volcanic Eruption
CMP-4829	Guaranteed Replacement Cost
CMP-4555	Residential Community Assoc
CMP-4746.1	Hired Auto Liability
CMP-4710	Employee Dishonesty
CMP-4508	Money and Securities
CMP-4705.2	Loss of Income & Extra Expense
CMP-4860	Al Design Person Org
FE-3650	Actual Cash Value Endorsement
CMP-4561.1	Policy Endorsement
CMP-4788	Addl Insd Mgrs Lessor of Prem
FD-6007	Inland Marine Attach Dec
	* New Form Attached

Residential Community Association Policy for HPM Policy Number 96-BH-2603-0



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. Yourll
Secretary

Michael Tignon

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.

Prepared OCT 21 2020 CMP-4000

007187 294

STATE FARM FIRE AND CASUALTY COMPANY

A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS INLAND MARINE ATTACHING DECLARATIONS

Po Box 853925 Richardson, TX 75085-3925

Named Insured

M-15-1308-FB9A F V

BIG HORN AT LONE MOUNTAIN UNITOWNERS ASSOCIATION ATTN BOZEMAN ACCT SOLUTIONS PO BOX 10938 BOZEMAN MT 59719-0938

Policy Number	96-BH-2603-0	96-BH-2603-0				
Policy Period 12 Months The policy period b time at the premise	Effective Date DEC 15 2020 segins and ends at 1 ses location.	Expiration Date DEC 15 2021 2:01 am standard				



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

Inland Marine Conditions FE-8739 Amendatory Endorsement FE-6262 FE-8743.1 **Inland Marine Computer Prop**

See Reverse for Schedule Page with Limits

Prepared OCT 21 2020 FD-6007

© Copyright, State Farm Mutual Automobile Insurance Company, 2008 Includes copyrighted material of Insurance Services Office, Inc., with its permission.

ATTACHING INLAND MARINE SCHEDULE PAGE

ATTACHING INLAND MARINE

ENDORSEMENT	COVERAGE		LIMIT OF		CTIBLE	ANNUAL
NUMBER			INSURANCE		NT	PREMIUM
FE-8743.1	Inland Marine Computer Prop	\$ \$	10,000	\$	500	Included Included

OCT 21 2020