



State Farm Fire and Casualty Company  
Po Box 853925  
Richardson, TX 75085-3925

**BALANCE DUE NOTICE**

**POLICY NUMBER** 96-BH-2642-2  
**COMMERCIAL LIABILITY UMBRELLA POLICY**

**DATE DUE** **PLEASE PAY THIS AMOUNT**  
**SEE NOTE** **SEE NOTE**

000357 3317 L-15-1308-FB9A M F  
**BIG HORN AT LONE MOUNTAIN  
UNITOWNERS ASSN INC  
C/O BOZEMAN ACCOUNTING  
C/O SOLUTIONS LLC  
PO BOX 10938  
BOZEMAN MT 59719-0938**

**Full payment by Date Due continues this policy to DEC 15 2021**



**PREMIUM \$ 1,564.00**

LOCATION: On File

**Important Message(s)**

**NOTE:**  
Do not pay. Payment is being made through State Farm Payment Plan. Account # 1075324515

17 2646 9736

See reverse for important information.  
Please keep this part for your record.  
Prepared OCT 20 2020

**Agent** BRAD W DAWS INSURANCE AGCY INC  
**Telephone** (406) 587-4010

↓ Please fold and tear here ↓

**MOVING? PLEASE SEE YOUR STATE FARM AGENT.** L-1308-FB9A

<b>INSURED</b>	BIG HORN AT LONE MOUNTAIN UNITOWNERS ASSN INC	
<b>POLICY NUMBER</b>	96-BH-2642-2	<b>COMM LIAB UMB</b>

**PLEASE RETURN THIS PART WITH YOUR CHECK MADE PAYABLE TO STATE FARM**

**DATE DUE** **PLEASE PAY THIS AMOUNT**  
**SEE NOTE** **SEE NOTE**

1509101292

538-181 b.8 10-04-2010 (o1f3092a) (o1f3091j)

Prepared: OCT 20 2020  
99 I

0300 M 0641

FIRE BAL DUE		0129
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BALANCE DUE NOTICE  
TOWERHILL FACILITY UNIT POLICY  
DATE: 02/08/2007  
PREMIUM: \$1,788.00  
Full payment by 02/15/2007  
policy to DEC 31 2007

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

02-08-2007 (01f3096a)

For Office Use Only





STATE FARM FIRE AND CASUALTY COMPANY

Po Box 853925  
Richardson, TX 75085-3925

**BALANCE DUE NOTICE**

**POLICY NUMBER** 96-BH-2603-0  
Residential Community Association Policy

**DATE DUE** **PLEASE PAY THIS AMOUNT**  
**SEE NOTE** **SEE NOTE**

001298 3125 M-15- 1308-FB9A V F  
**BIG HORN AT LONE MOUNTAIN  
UNITOWNERS ASSOCIATION  
ATTN BOZEMAN ACCT SOLUTIONS  
PO BOX 10938  
BOZEMAN MT 59719-0938**

**Full payment by Date Due continues this policy to DEC 15 2021**



**PREMIUM \$ 58,393.00**

Location:

**Important Message(s)**

**NOTE:**  
Do not pay. Payment is being made through State Farm Payment Plan. Account # 1075324515

17 2647 7831

See reverse for important information.  
Please keep this part for your record.  
Prepared OCT 21 2020

Agent **BRAD W DAWS INSURANCE AGCY INC**  
Telephone (406) 587-4010

↓ Please fold and tear here ↓

**MOVING? PLEASE SEE YOUR STATE FARM AGENT. M-1308-FB9A**

**PLEASE RETURN THIS PART WITH YOUR CHECK MADE PAYABLE TO STATE FARM**

**INSURED** BIG HORN AT LONE MOUNTAIN  
UNITOWNERS ASSOCIATION  
**POLICY NUMBER** 96-BH-2603-0 **CONDOMINIUM**

**DATE DUE** **PLEASE PAY THIS AMOUNT**  
**SEE NOTE** **SEE NOTE**

1509101148

(o1f3092a)

(o1f3091f)

0831 M 7170

FIRE BAL DUE

0114

80010140000000 996654870603002515>

Prepared: OCT 21 2020  
94 I

ST-0101-0001

For office use only

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

02-08-2007 (o1f3096a)

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For Office Use Only

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Po Box 853925  
 Richardson, TX 75085-3925

**RENEWAL DECLARATIONS**

<b>Policy Number</b>	<b>96-BH-2642-2</b>	
<b>Policy Period</b>	<b>Effective Date</b>	<b>Expiration Date</b>
12 Months	DEC 15 2020	DEC 15 2021
The policy period begins and ends at 12:01 am standard time at your mailing address as shown.		

**Named Insured**

AT1 000357 3317 9L-15-1308-FB9A F M  
**BIG HORN AT LONE MOUNTAIN  
 UNITOWNERS ASSN INC  
 C/O BOZEMAN ACCOUNTING  
 C/O SOLUTIONS LLC  
 PO BOX 10938  
 BOZEMAN MT 59719-0938**



Entity: Corporation

**COMMERCIAL LIABILITY UMBRELLA POLICY**

**Automatic Renewal** - If the **policy period** is shown as **12 months**, this policy will be renewed automatically upon payment of the renewal premium when due subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated we will give you written notice in compliance with the policy provisions or as required by law.

Coverage(s)	Limits of Insurance
Coverage L - Business Liability (Each Occurrence)	\$ 6,000,000
Coverage L - Business Liability (Annual Aggregate)	\$ 6,000,000
<b>Self-Insured Retention</b>	\$ 10,000

**Required Underlying Insurance Schedule**

Coverage	Minimum Underlying Limits
<b>Business Liability</b>	Bodily Injury (Per Occurrence) \$ 500,000
	Bodily Injury (Annual Aggregate) \$ 1,000,000
	Property Damage (Per Occurrence and Annual Aggregate) \$ 100,000
	--or--
	Bodily Injury and Property Damage (Per Occurrence) \$ 500,000
	Bodily Injury and Property Damage (Annual Aggregate) \$ 1,000,000
<b>Employers Non-Owned Auto Liability</b>	Bodily Injury and Property Damage (Each Occurrence) \$ 500,000
	Bodily Injury and Property Damage (Annual Aggregate) \$ 1,000,000
	Bodily Injury (Each Person/Each Accident) \$ 500,000 / \$ 500,000
	Property Damage (Each Accident) \$ 100,000
	--or--
	Bodily Injury and Property Damage (Each Accident) \$ 500,000

Forms & Endorsements	
Commercial Umb Coverage Form	CU-2100
*Terrorism Insurance Cov Notice	FE-6999.2
Amendment of Who Is an Insured	CU-2385
Amendatory Endorsement	CU-2226
Exclusion - Lead Poisoning	CU-2339
Policy Endorsement	CU-2474.1

**Policy Premium** \$ 1,564.00

\* New Form Attached

Other limits and exclusions may apply - refer to your policy

Continued on Reverse

Continued from Front

Description of Insurance	Coverage(s)
\$1,000,000 \$2,000,000	Commercial Liability Commercial Umbrella

<p>           \$1,000,000            \$2,000,000         </p>	<p>           Commercial Liability            Commercial Umbrella         </p>
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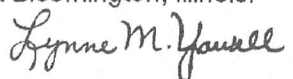
Your policy consists of these Declarations, the Commercial Liability Umbrella Coverage Form, and any other forms and endorsements that apply.

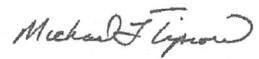
This policy is issued by the State Farm Fire and Casualty Company.

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

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 REIMBURSED BY THE UNITED STATES GOVERNMENT AND MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE YOUR COVERAGE.

FE-6999.2

ST-0202-0001



**STATE FARM FIRE AND CASUALTY COMPANY**  
 A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

Po Box 853925  
 Richardson, TX 75085-3925

**Named Insured**

AT2 001298 3125 M-15-1308-FB9A F V  
 BIG HORN AT LONE MOUNTAIN  
 UNITOWNERS ASSOCIATION  
 ATTN BOZEMAN ACCT SOLUTIONS  
 PO BOX 10938  
 BOZEMAN MT 59719-0938



**RENEWAL DECLARATIONS**

<b>Policy Number</b>	96-BH-2603-0	
<b>Policy Period</b>	<b>Effective Date</b>	<b>Expiration Date</b>
12 Months	DEC 15 2020	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

0107-ST--0001

**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

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## RENEWAL DECLARATIONS (CONTINUED)

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

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 OCT 21 2020  
 CMP-4000

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**RENEWAL DECLARATIONS (CONTINUED)**

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



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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

## RENEWAL DECLARATIONS (CONTINUED)

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

**RENEWAL DECLARATIONS (CONTINUED)**

**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

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## 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 - 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	\$2,500
Valuable Papers And Records	
On Premises	\$10,000
Off Premises	\$5,000

**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	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.

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

BOYNE USA  
 PO BOX 160001  
 BIG SKY MT 597160001

**Interest Type:** Addl Insured-Section II  
**Endorsement #:** CMP4788  
**Loan Number:** N/A

BOZEMAN ACCOUNTING SOLUTIONS  
 LLC  
 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

Prepared  
 OCT 21 2020  
 CMP-4000

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## 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. Youell*  
 Secretary

*Michael J. Ligon*  
 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.



RENEWAL DECLARATIONS (CONTINUED)

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.<sup>®</sup> 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<sup>®</sup> 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.



STATE FARM FIRE AND CASUALTY COMPANY  
A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

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



**INLAND MARINE ATTACHING DECLARATIONS**

<b>Policy Number</b>	<b>96-BH-2603-0</b>	
<b>Policy Period</b>	<b>Effective Date</b>	<b>Expiration Date</b>
12 Months	DEC 15 2020	DEC 15 2021
The policy period begins and ends at 12:01 am standard time at the premises location.		

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**

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

See Reverse for Schedule Page with Limits

Prepared  
OCT 21 2020  
FD-6007

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## 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

Prepared  
OCT 21 2020  
FD-6007

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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 REIMBURSED BY THE UNITED STATES GOVERNMENT AND MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE YOUR COVERAGE.

FE-6999.2

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STATE FARM FIRE AND CASUALTY COMPANY  
A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

Po Box 853925  
Richardson, TX 75085-3925

**Add Insured-Section II Only**

AT2 001299 3125 M-15-1308-FB9A F V  
BOZEMAN ACCOUNTING SOLUTIONS  
LLC  
PO BOX 10938  
BOZEMAN MT 59719-0938



**RENEWAL DECLARATIONS**

<b>Policy Number</b>	<b>96-BH-2603-0</b>	
<b>Policy Period</b>	<b>Effective Date</b>	<b>Expiration Date</b>
12 Months	DEC 15 2020	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

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0106-ST--0000

**RENEWAL DECLARATIONS (CONTINUED)**

**Residential Community Association Policy for BOZEMAN ACCOUNTING SOLUTIONS**  
**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



RENEWAL DECLARATIONS (CONTINUED)

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



0206-ST--0000

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

Prepared  
OCT 21 2020  
CMP-4000

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Continued on Reverse Side of Page

RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for BOZEMAN ACCOUNTING SOLUTIONS  
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)**

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Inflation Coverage Index: 193.6

**SECTION I - DEDUCTIBLES**

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Basic Deductible \$15,000





## RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for BOZEMAN ACCOUNTING SOLUTIONS  
 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

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 CMP-4000

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**RENEWAL DECLARATIONS (CONTINUED)**

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

**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.

<b>COVERAGE</b>	<b>LIMIT OF INSURANCE</b>
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	\$2,500
Valuable Papers And Records	
On Premises	\$10,000
Off Premises	\$5,000



RENEWAL DECLARATIONS (CONTINUED)

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



0406-ST-0000

**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	\$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.

RENEWAL DECLARATIONS (CONTINUED)

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**

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- 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 AI 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
-



RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for BOZEMAN ACCOUNTING SOLUTIONS  
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. Youell*  
Secretary

*Michael J. Tignor*  
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.



STATE FARM FIRE AND CASUALTY COMPANY  
A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

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



**INLAND MARINE ATTACHING DECLARATIONS**

<b>Policy Number</b>	<b>96-BH-2603-0</b>	
<b>Policy Period</b>	<b>Effective Date</b>	<b>Expiration Date</b>
12 Months	DEC 15 2020	DEC 15 2021
The policy period begins and ends at 12:01 am standard time at the premises location.		

0606-ST-0000

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

See Reverse for Schedule Page with Limits

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OCT 21 2020  
FD-6007

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## 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	\$ 10,000	\$ 500	Included
	Loss of Income and Extra Expense	\$ 10,000		Included

OTHER LIMITS AND EXCLUSIONS MAY APPLY - REFER TO YOUR POLICY

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OCT 21 2020  
FD-6007

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