

## RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for PLUMAS PINES II HOMEOWNERS  
 Policy Number 90-B9-9536-7

**SECTION I - PROPERTY SCHEDULE**

| Location Number | Location of Described Premises                                      | Limit of Insurance*    |   |
|-----------------|---|------------------------|---|
|                 |   | Coverage A - Buildings | Coverage B - Business Personal Property |
| 001             | TAMARACK PL, TAMARACK CT & COTTONWOOD DR<br>BLAIRSDEN CA 96103-9739 | No Coverage            | No Coverage                             |

**AUXILIARY STRUCTURES**

| Location Number | Description        | Limit of Insurance*    |   |
|-----------------|--------------------|------------------------|---|
|                 |                    | Coverage A - Buildings | Coverage B - Business Personal Property |
| 001A            | Fence, walls, etc. | \$ 5,000               | See Prop Sch                            |

\* As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage.

**SECTION I - INFLATION COVERAGE INDEX(ES)**

Inflation Coverage Index: 248.6

**SECTION I - DEDUCTIBLES**

Basic Deductible \$1,000

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**RENEWAL DECLARATIONS (CONTINUED)**
**Residential Community Association Policy for PLUMAS PINES II HOMEOWNERS**  
**Policy Number 90-B9-9536-7**
**Special Deductibles:**

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

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             |

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RENEWAL DECLARATIONS (CONTINUED)

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**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            |

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**RENEWAL DECLARATIONS (CONTINUED)**

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0307-ST-1-1001

**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              | \$25,000                          |
| Loss Of Income And Extra Expense | Actual Loss Sustained - 12 Months |

**SECTION II - LIABILITY**

| COVERAGE                                       | LIMIT OF INSURANCE |
|--|--------------------|
| Coverage L - Business Liability                | \$2,000,000        |
| Coverage M - Medical Expenses (Any One Person) | \$10,000           |
| Damage To Premises Rented To You               | \$300,000          |
| Directors And Officers Liability               | \$2,000,000        |
| <br>   |                    |
| AGGREGATE LIMITS                               | LIMIT OF INSURANCE |
| Products/Completed Operations Aggregate        | \$4,000,000        |
| General Aggregate                              | \$4,000,000        |
| Directors and Officers Aggregate               | \$2,000,000        |

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.

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Policy Number 90-B9-9536-7

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-4101 Businessowners Coverage Form
- FE-6999.3 \*Terrorism Insurance Cov Notice
- CMP-4814 Directors & Officers Liability
- CMP-4696 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-4260.1 Amendatory Endorsement-CA
- CMP-4261 Amendatory Endorsement
- FD-6007 Inland Marine Attach Dec
- \* New Form Attached

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This policy is issued by the State Farm General Insurance 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 General Insurance Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.

*Lynne M. Yauell*  
Secretary

*Thomas Conley*  
President

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