



State Farm
Specialty Products

SJR

Telephone: (866) 737-6877
Facsimile: (847) 572-6262

BINDER OF INSURANCE

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6. Applicable Forms & Endorsements:

PSNP1001(01/01)	Not-For-Profit Organization Liability Policy Including Employment Practices Liability Coverage
PS1039(02/03)	Policyholder Disclosure Notice of Terrorism Insurance Coverage
PSNP1026CO(12/01)	Colorado Amendatory Endorsement
PSNP1030(12/03)	Condominium and Homeowner Association Endorsement
PSNP1031(12/03)	Property Manager Endorsement

7. Special Conditions:

- Not Applicable

8. Subjectivities:

Subject to our receipt & approval of the following requirements:

- Not Applicable

This binder requires payment of premium to State Farm Specialty Products, at the location listed on the invoice, on the premium due date shown in the invoice. This binder may be cancelled if payment is not received by the premium due date on the invoice.

In the event of cancellation or expiration of this binder without a Policy or Renewal Declarations Page being issued, the Insurer shall be entitled to an earned premium for the time in force as calculated by the Insurer in accordance with the provisions of the applicable specimen policy or expiring policy.

Date of Issue: November 7, 2008

By:

Authorized Representative



**State Farm
Specialty Products**

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BINDER OF INSURANCE

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PER THE TERMS OF THIS DOCUMENT – COVERAGE IS IN FORCE AND PREMIUM IS BEING EARNED

1. Delivered To: Michael Trujillo
MICHAEL A TRUJILLO STATE FARM AGENCY
2019 S Townsend
Montrose, CO 81401-5444

Producer Code #: 062211

Producer Facsimile: (970) 249-5344

Coverage is bound pursuant to the following terms and conditions:

2. Parent Organization: San Juan Ranch Homeowners Association
C/O Full Circle HOA Management
560 Mountain Village Blvd. Suite 102A
Mountain Village, CO 81435

Client Code #: 131124

3. Binder Period: This binder expires automatically on the date stated unless extended in writing by State Farm Specialty Products or unless superseded by the Policy or Renewal Declarations.

Binder Effective Date: April 17, 2008 Binder Expiration Date: Until replaced by Policy
12:01 A.M. standard time at the address of the **Parent Organization** as shown above.

4. Policy Provisions: The Policy or Renewal Declarations will be issued to incorporate the following provisions, provided all conditions of this binder have been met.

Policy #: PS0000001294701

Policy Period: From: April 17, 2008 To: April 17, 2009
12:01 A.M. standard time at the address of the Parent Organization as shown above.

Insurer: State Farm Fire & Casualty Company
Program: Condominium & Homeowners Liability Insurance
Coverage Type: Claims – Made Defense Costs: Defense Costs Outside Limits

**Limit of Liability
In the Aggregate**
\$1,000,000

**Retention
Each Claim**
\$1,000

5. Premium Payment & Terms: (Invoice to Follow Under Separate Cover)

Premium Payment Plan: Annually
Policy Period Premium: \$941.00

Total Premium: \$941.00

Julie

Attached please find the PS_Binder for SAN JUAN RANCH HOMEOWNERS ASSOCIATION (Client No 131124 - Product Line HO). If you have any questions, please do not hesitate to contact me.



**State Farm
Specialty Products**

February 28, 2008

Michael Trujillo
MICHAEL A TRUJILLO STATE FARM AGENCY
2019 S Townsend
Montrose, CO 81401-5444

Producer Facsimile: (970) 249-5344

RE: San Juan Ranch Homeowners Association
COVERAGE: Condominium & Homeowners Liability Insurance
CLIENT NO.: 131124
POLICY NUMBER: PS0000001294701
BINDER EXPIRATION DATE: Until replaced by Policy

Dear Michael:

Thank you for your order on the captioned account. The Binder of Insurance is enclosed. The Invoice for the premium will be mailed directly to the Insured. Please review the Binder carefully and advise if you note any discrepancies or have any questions.

Please note, coverage is in force and premium is being earned.

Please do not hesitate to contact us if you have any questions or comments. Again, thank you for this order and we look forward to being of further service.

Sincerely,

Erin Bresnahan
Underwriter