

CERTIFICATE OF INSURANCE

This certifies that STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
 STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
insures the following policyholder for the coverages indicated below:

Name of policyholder Spring Creek Meadows Filing #1 HOA

Address of policyholder PO BOX 4118
Englewood, CO 80155

Location of operations COLORADO


Description of operations HOA

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
96-CA-V830-0	Comprehensive Business Liability	10/30/21	10/30/22	BODILY INJURY AND PROPERTY DAMAGE
This insurance includes: <ul style="list-style-type: none"> <input type="checkbox"/> Products - Completed Operations <input type="checkbox"/> Contractual Liability <input type="checkbox"/> Underground Hazard Coverage <input type="checkbox"/> Personal Injury <input type="checkbox"/> Advertising Injury <input type="checkbox"/> Explosion Hazard Coverage <input type="checkbox"/> Collapse Hazard Coverage <input type="checkbox"/> General Aggregate Limit applies to each project <input type="checkbox"/> <input type="checkbox"/> 				Each Occurrence \$ 1,000,000 General Aggregate \$ 2,000,000 Products - Completed Operations Aggregate \$ 2,000,000
	EXCESS LIABILITY <ul style="list-style-type: none"> <input type="checkbox"/> Umbrella <input type="checkbox"/> Other 	POLICY PERIOD Effective Date Expiration Date		BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)
	Workers' Compensation and Employers Liability			Part 1 STATUTORY Part 2 BODILY INJURY Each Accident \$ Disease Each Employee \$ Disease - Policy Limit \$
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY
		Effective Date	Expiration Date	(at beginning of policy period)

If any of the described policies are canceled before its expiration date, State Farm will try to mail a written notice to the certificate holder 30 days before cancellation. If, however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Name and Address of Certificate Holder
FOR INFORMATIONAL PURPOSES ONLY


 Signature of Authorized Representative
 Agent
 Title
 3/30/22
 Date