

Po Box 2915  
Bloomington IL 61702-2915

**Named Insured**

AT2 000757 3125 M-12-9D1E-FABB F V

PLUMAS EUREKA VILLAS  
HOMEOWNERS ASSOCIATION NO 7  
PO BOX 544  
BLAIRSDEN CA 96103-0544



<b>Policy Number</b>	<b>90-WE-4396-9</b>	
<b>Policy Period</b>	<b>Effective Date</b>	<b>Expiration Date</b>
12 Months	JUL 9 2023	JUL 9 2024
The policy period begins and ends at 12:01 am standard time at the premises location.		

**Agent and Mailing Address**

NIC BEDDOE  
10775 PIONEER TRL STE 211C  
TRUCKEE CA 96161-0234

PHONE: (530) 550-1400

**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: HOMEOWNERS ASSOCIATION

NOTICE: Information concerning changes in your policy language is included. Please call your agent if you have any questions.

POLICY PREMIUM \$ 32,079.00

Discounts Applied:  
Renewal Year  
Multiple Unit  
Claim Record

**RENEWAL DECLARATIONS (CONTINUED)**

Residential Community Association Policy for PLUMAS EUREKA VILLAS  
 Policy Number 90-WE-4396-9

**SECTION I - PROPERTY BLANKET**

Coverage A - Buildings  
 Coverage B - Business Personal Property

Limit of Insurance\*  
 \$ 25,426,800  
 \$ 64,200

Location Number	Location of Described Premises
001	100 & 102 POPLAR VALLEY RD BLAIRSDEN CA 96103-9703
002	104 POPLAR VALLEY RD BLAIRSDEN CA 96103-9703
003	106 & 108 POPLAR VALLEY RD BLAIRSDEN CA 96103-9703
004	110 & 112 POPLAR VALLEY RD BLAIRSDEN CA 96103-9703
005	114 & 116 POPLAR VALLEY RD BLAIRSDEN CA 96103-9703
006	118 & 120 POPLAR VALLEY RD BLAIRSDEN CA 96103-9703
007	122 & 124 POPLAR VALLEY RD BLAIRSDEN CA 96103-9703
008	126 POPLAR VALLEY RD BLAIRSDEN CA 96103-9703

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## RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for PLUMAS EUREKA VILLAS  
 Policy Number 90-WE-4396-9



0209-ST-0001

Location Number	Location of Described Premises
009	111 COTTONWOOD DR BLAIRSDEN CA 96103-9733
010	121 COTTONWOOD DR BLAIRSDEN CA 96103-9733
011	127 COTTONWOOD DR BLAIRSDEN CA 96103-9733
012	133 COTTONWOOD DR BLAIRSDEN CA 96103-9734
013	137 COTTONWOOD DR BLAIRSDEN CA 96103-9734
014	139 COTTONWOOD DR BLAIRSDEN CA 96103-9734
015	143 COTTONWOOD DR BLAIRSDEN CA 96103-9734
016	135 COTTONWOOD DR BLAIRSDEN CA 96103-9734
017	145 COTTONWOOD DR BLAIRSDEN CA 96103-9734
018	147 COTTONWOOD DR BLAIRSDEN CA 96103-9734

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**RENEWAL DECLARATIONS (CONTINUED)**

Residential Community Association Policy for PLUMAS EUREKA VILLAS  
 Policy Number 90-WE-4396-9

Location Number	Location of Described Premises
019	113 COTTONWOOD DR BLAIRSDEN CA 96103-9733
020	119 COTTONWOOD DR BLAIRSDEN CA 96103-9733
021	123 COTTONWOOD DR BLAIRSDEN CA 96103-9733
022	129 COTTONWOOD DR BLAIRSDEN CA 96103-9733
023	141 COTTONWOOD DR BLAIRSDEN CA 96103-9734
024	125 COTTONWOOD DR BLAIRSDEN CA 96103-9733
025	109 COTTONWOOD DR BLAIRSDEN CA 96103-9733
026	115 COTTONWOOD DR BLAIRSDEN CA 96103-9733
027	117 COTTONWOOD DR BLAIRSDEN CA 96103-9733
028	131 COTTONWOOD DR BLAIRSDEN CA 96103-9733

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**RENEWAL DECLARATIONS (CONTINUED)**

Residential Community Association Policy for PLUMAS EUREKA VILLAS  
 Policy Number 90-WE-4396-9



0309-ST-0001

Location Number	Location of Described Premises
029	103 COTTONWOOD DR BLAIRSDEN CA 96103-9733
030	105 COTTONWOOD DR BLAIRSDEN CA 96103-9733
031	107 COTTONWOOD DR BLAIRSDEN CA 96103-9733
032	101 COTTONWOOD DR BLAIRSDEN CA 96103-9733

\* 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: 244.8

**SECTION I - DEDUCTIBLES**

**Basic Deductible** \$20,000

**Special Deductibles:**

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

Other deductibles may apply - refer to policy.

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**RENEWAL DECLARATIONS (CONTINUED)**

Residential Community Association Policy for PLUMAS EUREKA VILLAS  
 Policy Number 90-WE-4396-9

**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)

Residential Community Association Policy for PLUMAS EUREKA VILLAS  
 Policy Number 90-WE-4396-9


**SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH COMPLEX**


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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)**

Residential Community Association Policy for PLUMAS EUREKA VILLAS  
 Policy Number 90-WE-4396-9

**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.

<b>COVERAGE</b>	<b>LIMIT OF INSURANCE</b>
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**

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

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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**RENEWAL DECLARATIONS (CONTINUED)**

**Residential Community Association Policy for PLUMAS EUREKA VILLAS**  
**Policy Number 90-WE-4396-9**



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.

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**FORMS AND ENDORSEMENTS**


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CMP-4101	Businessowners Coverage Form
FE-6999.3	*Terrorism Insurance Cov Notice
CMP-4705.2	Loss of Income & Extra Expense
CMP-4830	Interior Building Damage
CMP-4828	Extra Replacement Cost
CMP-4696	Residential Community Assoc
CMP-4746.1	Hired Auto Liability
CMP-4710	Employee Dishonesty
CMP-4508	Money and Securities
CMP-4260.1	Amendatory Endorsement-CA
CMP-4261	Amendatory Endorsement
CMP-4864	Building Ordinance or Law Cov
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. Youell*  
Secretary

*Thomas Conley*  
President

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**RENEWAL DECLARATIONS (CONTINUED)**

**Residential Community Association Policy for PLUMAS EUREKA VILLAS**  
**Policy Number 90-WE-4396-9**

**IMPORTANT NOTICE:**

California law requires us to provide you with information for filing complaints with the State Insurance Department regarding the coverage and service provided under this policy.

Your agent's name and contact information are provided on the front of this document. Another option is to reach out by mail or phone directly to:

State Farm® Executive Customer Service  
 PO Box 2320  
 Bloomington IL 61702  
 Phone # 1-800-STATEFARM (1-800-782-8332)

Department of Insurance complaints should be filed only after you and State Farm or your agent or other company representative have failed to reach a satisfactory agreement on a problem.

California Department of Insurance  
 Consumer Services Division  
 300 South Spring Street  
 Los Angeles, CA 90013  
 Phone # 1-800-927-HELP (4357) or visit [www.insurance.ca.gov/01-consumers](http://www.insurance.ca.gov/01-consumers)

**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.

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**RENEWAL DECLARATIONS (CONTINUED)**

**Residential Community Association Policy for PLUMAS EUREKA VILLAS**  
**Policy Number 90-WE-4396-9**

**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.

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Po Box 2915  
Bloomington IL 61702-2915

**Named Insured**

M-12-9D1E-FABB F V

PLUMAS EUREKA VILLAS  
HOMEOWNERS ASSOCIATION NO 7  
PO BOX 544  
BLAIRSDEN CA 96103-0544



0709-ST-0001

**INLAND MARINE ATTACHING DECLARATIONS**

<b>Policy Number</b>	<b>90-WE-4396-9</b>	
<b>Policy Period</b>	<b>Effective Date</b>	<b>Expiration Date</b>
12 Months	JUL 9 2023	JUL 9 2024
The policy period begins and ends at 12:01 am standard time at the premises location.		

**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-6271                      Amendatory Endorsement  
FE-8745                      Inland Marine Computer Prop

See Reverse for Schedule Page with Limits

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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-8745	Inland Marine Computer Prop	\$ 10,000	\$ 500	Included
	Loss of Income and Extra Expense	\$ 10,000		Included

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OTHER LIMITS AND EXCLUSIONS MAY APPLY - REFER TO YOUR POLICY

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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 2019, this disclosure is part of your policy.

## **POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE**

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Coverage for acts of terrorism is not excluded from your policy. However your policy does contain other exclusions which may be applicable, such as an exclusion for nuclear hazard. You are hereby notified that the Terrorism Risk Insurance Act, as amended in 2019, defines an act of terrorism 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 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-6999.3

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**IMPORTANT NOTICE**  
**Anti-Fraud Disclosure**



For your protection California law requires notification of the following disclosure:

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

553-4370 CA

