



STATE FARM GENERAL INSURANCE COMPANY  
A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

Po Box 853925  
Richardson, TX 75085-3925

## RENEWAL DECLARATIONS

### Named Insured

AT2 000300 3125 M-02-2935-FBA4 F V

RIVIERA HEIGHTS  
HOMEOWNERS ASSOCIATION  
3040 RIVIERA HEIGHTS DR  
KELSEYVILLE CA 95451-9009



Policy Number 97-F6-0918-6

Policy Period	Effective Date	Expiration Date
12 Months	MAR 26 2022	MAR 26 2023

The policy period begins and ends at 12:01 am standard time at the premises location.

Agent and Mailing Address  
NANETTE DUTCHER CPCU, CLU, CHF  
2170 S MAIN ST  
LAKEPORT CA 95453-5620

PHONE: (707) 263-7142

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

\$ 10,478.00

Discounts Applied:  
Renewal Year  
Protective Devices  
Claim Record

Prepared  
JAN 11 2022  
CMP-4000

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Continued on Reverse Side of Page

Page 1 of 8

530-886 v.2 05-31-2011 lot

# RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for RIVIERA HEIGHTS  
Policy Number 97-F6-0918-6

## SECTION I - PROPERTY SCHEDULE

Location Number	Location of Described Premises	Limit of Insurance* Coverage A - Buildings	Limit of Insurance* Coverage B - Business Personal Property
001	3040 RIVIERA HEIGHTS DR KELSEYVILLE CA 95451-9009	No Coverage	No Coverage

## AUXILIARY STRUCTURES

Location Number	Description	Limit of Insurance* Coverage A - Buildings	Limit of Insurance* Coverage B - Business Personal Property
001A	CLUBHOUSE	\$ 1,257,400	\$ 65,100
001B	BATHHOUSE	\$ 26,200	See Prop Sch
001C	Pool	\$ 104,000	See Prop Sch
001D	PIER	\$ 162,300	See Prop Sch
001E	BBQ	\$ 6,900	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: 249.0

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Continued on Next Page

Page 2 of 8

RENEWAL DECLARATIONS (CONTINUED)

SECTION I - DEDUCTIBLES

Basic Deductible \$5,000

Special Deductibles:

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

Employee Dishonesty \$250

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

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Continued on Reverse Side of Page

Page 3 of 8

**RENEWAL DECLARATIONS (CONTINUED)**

**Residential Community Association Policy for RIVIERA HEIGHTS**  
**Policy Number 97-F6-0918-6**

Ordinance Or Law - Equipment Coverage

Included

Preservation Of Property

30 Days

**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

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001701

Continued on Next Page

Page 4 of 8

RENEWAL DECLARATIONS (CONTINUED)

**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	\$3,000,000
Coverage M - Medical Expenses (Any One Person)	\$5,000
Damage To Premises Rented To You	\$300,000
Directors And Officers Liability	\$3,000,000
<b>AGGREGATE LIMITS</b>	
Products/Completed Operations Aggregate	\$6,000,000
General Aggregate	\$6,000,000
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.

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Continued on Reverse Side of Page

Page 5 of 8

**RENEWAL DECLARATIONS (CONTINUED)**

**Residential Community Association Policy for RIVIERA HEIGHTS**  
**Policy Number 97-F6-0918-6**

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-4101	Businessowners Coverage Form
FE-6999.3	*Terrorism Insurance Cov Notice
CMP-4814	Directors & Officers Liability
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-4705.2	Loss of Income & Extra Expense
CMP-4864	Building Ordinance or Law Cov
CMP-4260.1	Amendatory Endorsement-CA
CMP-4261	Amendatory Endorsement
FD-6007	Inland Marine Attach Dec
	* New Form Attached

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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001702

Continued on Next Page

Page 6 of 8