

**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<br>(at beginning of policy period)  |
|--------------------------|---|---|-----------------|---|
|                          |   | Effective Date  | Expiration Date |   |
| 96-B2-A639-2             | Comprehensive Business Liability  | 05/01/17  | 05/01/18        | BODILY INJURY AND PROPERTY DAMAGE   |
| This insurance includes: |   | <input type="checkbox"/> Products - Completed Operations<br><input type="checkbox"/> Contractual Liability<br><input type="checkbox"/> Underground Hazard Coverage<br><input type="checkbox"/> Personal Injury<br><input type="checkbox"/> Advertising Injury<br><input type="checkbox"/> Explosion Hazard Coverage<br><input type="checkbox"/> Collapse Hazard Coverage<br><input type="checkbox"/> General Aggregate Limit applies to each project<br><input checked="" type="checkbox"/> Building Coverage-\$1,000<br><input type="checkbox"/> |                 | Each Occurrence \$ <u>1,000,000</u><br>General Aggregate \$ <u>2,000,000</u><br>Products - Completed Operations Aggregate \$ <u>2,000,000</u> |
|                          | EXCESS LIABILITY  | POLICY PERIOD   |                 | BODILY INJURY AND PROPERTY DAMAGE   |
|                          | <input type="checkbox"/> Umbrella<br><input type="checkbox"/> Other _____ | Effective Date Expiration Date<br><br>  |                 | (Combined Single Limit)<br>Each Occurrence \$ _____<br>Aggregate \$ _____   |
|                          | Workers' Compensation and Employers Liability                             |   |                 | Part 1 STATUTORY<br>Part 2 BODILY INJURY<br>Each Accident \$ _____<br>Disease Each Employee \$ _____<br>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  
 ADDITIONAL INSURED:  
 CHERRY CREEK SCHOOLS  
 4700 S YOSEMITE ST  
 GREENWOOD VILLAGE, CO 80111

*[Signature]*  
 Signature of Authorized Representative

Agent  
 Title

10/27/17  
 Date