

Policy Number
96-01-4995-5

DECLARATIONS PAGE

COVERAGE SUMMARY

FEB 7 2008



STATE FARM FIRE AND CASUALTY COMPANY
1555 PROMONTORY CIRCLE, GREELEY CO 80638-0001
A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

Named Insured and Mailing Address
20-1664-F628 T 1
CAPSTONE TOWNHOUSE ASSN INC
C/O VISTAR REALESTATE
635 N FRONTAGE RD W STE 1
VAIL CO 81657-4589

CONDO/ ASSOC POLICY - SPECIAL FORM 3

Inflation Coverage Index: 177.8

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.

Policy Period: 12 Months The policy period begins and ends at 12:01 am standard time at the premises location.
Effective Date: DEC 4 2007
Expiration Date: DEC 4 2008

Location of Covered Premises:
1817 MEADOW RIDGE RD
VAIL CO 81657-3950

Coverages & Property

Limits of Insurance

| | |
|-----------------------------------------------|--------------|
| Section I | |
| A Buildings | \$ 3,007,700 |
| B Business Personal Property | Excluded |
| Section II | |
| L Business Liability | \$ 1,000,000 |
| M Medical Payments | \$ 5,000 |
| Products-Completed Operations (PCO) Aggregate | \$ 2,000,000 |
| General Aggregate (Other Than PCO) | \$ 2,000,000 |

Deductibles - Section I

\$ 5,000 Basic

In case of loss under this policy, the deductible will be applied to each occurrence and will be deducted from the amount of the loss. Other deductibles may apply - refer to policy.

Forms, Options, and Endorsements

| | |
|--------------------------------|-----------|
| Special Form 3 | FP-6109 |
| Amendatory Endorsement | FE-6206.1 |
| Terrorism Insurance Cov Notice | FE-6999 |
| Condo/Asn Policy Endorsement | FE-6466 |
| Dist Mat Violat Statues Excl | FE-6655 |
| Fungus (Including Mold) Excl | FE-6566 |
| Directors/Officers Endorsement | FE-6425 |

Policy Premium \$ 5,852.00

Discounts Applied:
Renewal Year
Claim Record

Continued on Reverse Side of Page

OTHER LIMITS AND EXCLUSIONS MAY APPLY - REFER TO YOUR POLICY

Prepared
FEB 07 2008
FP-8010.3C
06/1992
CILR

Countersigned _____
By _____ Agent
BUSHELL INSURANCE AGENCY INC
(303) 232-1225

Your policy consists of this page, any endorsements and the policy form. PLEASE KEEP THESE TOGETHER.