



ADDITIONAL REMARKS SCHEDULE

<p>AGENCY Kristin Jepson</p> <p>POLICY NUMBER 99-E5-0510-8</p> <p>CARRIER State Farm Fire and Casualty Company</p>	<p>NAMED INSURED STONEBROOK OF SPRING CREEK HOMEOWNERS ASSOC INC</p> <p>NAIC CODE 25143</p> <p>EFFECTIVE DATE: 11/22/2025</p>
---	--

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: 24 **FORM TITLE:** Certificate of Property Insurance

Unit Owner:

Stone Brook of Spring Creek Association - PO Box 43 - River Falls, - WI - 54022-0043 - Unit Loan Number:0 - Number Of Units: 0060

Association Type: Residential Community Association Policy

Forms, Options and Endorsements:

CMP-4100	Businessowners Coverage Form
CMP-4249.2	Amendatory Endorsement
CMP-4784	Per Dwelling Building Deduct
CMP-4710	Emp Dishonesty \$50,000
CMP-4705.2	Loss of Income & Extra Expense
CMP-4770	Addl Condo Prop Not Covered
CMP-4532	Exclusion Cyber Incident

Forms, Options and Endorsements:

CMP-4814	Dir & Officers \$1,000,000
FE-6999.3	Terrorism Insurance Cov Notice
CMP-4550	Residential Community Assoc
CMP-4508	Money and Securities
FE-3650	Actual Cash Value Endorsement
CMP-4561.5	Policy Endorsement
CMP-4849	Windstorm Or Hail Deductible

Coverages:

Business Liability	\$1,000,000
Medical Payments	\$5,000
Products-Completed Operations	\$2,000,000
General Aggregate	\$2,000,000

Coverage

Unless otherwise endorsed, this policy provides replacement cost coverage on described property and common areas detailed within the Association Covenants, Conditions, and Restrictions (CC&Rs) including the following types of property within a unit, regardless of ownership:

1. Fixtures, improvements and alterations that are a part of the building or structure; and
2. Appliances such as those used for refrigerating, ventilating, cooking, dishwashing, laundering, security or housekeeping.

Replacement cost coverage is subject to the terms and conditions of the policy and any endorsements.

Coverage under this policy may have been modified to provide actual cash value coverage rather than replacement cost coverage, or to remove specified property from coverage, if any endorsement containing in its title "ACV" or "Actual Cash Value," or "Additional Property Not Covered" is identified on this Certificate of Insurance.

Endorsements: FE-3650, FE-3653, FE-3658, and FE-3659 (Actual Cash Value) - These endorsements describe what the term "actual cash value" means where used in the policy. **However, these endorsements do not change any replacement cost coverage provided by the policy.**

This policy provides coverage on a standalone/individual condominium association.

Commercial General Liability

State Farm refers to this coverage as Business Liability Coverage. Coverage amount shown is Per Occurrence.

Loss of Rents, Loss of Income and Extra Expense

If this coverage is shown, limits are "Actual Loss Sustained". Contact the agent to confirm the number of day's coverage.