STATE FARM FIRE AND CASUALTY COMPANY
A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

Po Box 2915
Bloomington IL 61702-2915

RENEWAL DECLARATIONS

Policy Number	93-E0-R813-8	
Policy Period	**Effective Date**	**Expiration Date**
12 Months	AUG 4 2026	AUG 4 2027

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

Named Insured

AT2 M-01-33A5-FB74 F V

VENTURA 21 INC
375 VENTURA CLUB DR
ROSELLE IL 60172-1471

Agent and Mailing Address
CHRIS BRYAN INS AGENCY INC
605 E IRVING PARK RD
ROSELLE IL 60172-2302

PHONE: (630) 980-9510

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.

This annual premium is 30% or more over the previous policy. Please contact your agent if you have any questions.

POLICY PREMIUM $ 12,635.00

Discounts Applied:
Renewal Year
Protective Devices
Claim Record

Prepared
MAY 22 2026
CMP-4000

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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	375 VENTURA CLUB DR ROSELLE IL 60172-1498	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	$ 3,452,200	$ 337,700
001B	Pool	$ 271,300	See Prop Sch
001C	Pool	$ 163,800	See Prop Sch
001D	Garage or Carport	$ 53,400	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: 312.1

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Residential Community Association Policy for VENTURA 21 INC
Policy Number 93-E0-R813-8

SECTION I - DEDUCTIBLES

Basic Deductible $5,000

Special Deductibles:

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

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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Ordinance Or Law - Equipment Coverage	Included
Preservation Of Property	30 Days
Water Damage, Other Liquids, Powder Or Molten Material Damage	Included

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.

COVERAGE	LIMIT OF INSURANCE
Accounts Receivable	
On Premises	$150,000
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	$25,000
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	$10,000
Valuable Papers And Records	
On Premises	$10,000
Off Premises	$5,000

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for VENTURA 21 INC
Policy Number 93-E0-R813-8

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	$100,000
Identity Restoration	
Other Expenses	$1,000
Case Management Services	12 months
Per Occurrence	$35,000
Lost Wages And Supervision Expenses	$5,000
Loss Of Income And Extra Expense	Actual Loss Sustained - 12 Months

SECTION II - LIABILITY

COVERAGE	LIMIT OF INSURANCE
Coverage L - Business Liability	$1,000,000
Coverage M - Medical Expenses (Any One Person)	$5,000
Damage To Premises Rented To You	$300,000
Directors And Officers Liability	$2,000,000

AGGREGATE LIMITS	LIMIT OF INSURANCE
Products/Completed Operations Aggregate	$2,000,000

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General Aggregate	$2,000,000
Directors and Officers Aggregate	$2,000,000

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.

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-4100	Businessowners Coverage Form
CMP-4213.2	*Amendatory Endorsement
CMP-4587	*Exclusion Silica
FE-6999.3	*Terrorism Insurance Cov Notice
CMP-4550	Residential Community Assoc
CMP-4746.1	Hired Auto Liability
FE-8790	Civil Union Endorsement
FE-3650	Actual Cash Value Endorsement
CMP-4705.2	Loss of Income & Extra Expense
CMP-4508	Money and Securities
CMP-4567	Directors & Officers Liability
CMP-4710	Employee Dishonesty
CMP-4998.2	Identity Restoration
CMP-4561.5	Policy Endorsement
CMP-4532	Exclusion Cyber Incident
FD-6007	Inland Marine Attach Dec
	* New Form Attached

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for VENTURA 21 INC
Policy Number 93-E0-R813-8

This policy is issued by the State Farm Fire and Casualty 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 Fire and Casualty Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.

Michelle Mancias
Secretary

President

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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MAY 22 2026
CMP-4000

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Residential Community Association Policy for VENTURA 21 INC
Policy Number 93-E0-R813-8

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.® 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® 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.

STATE FARM FIRE AND CASUALTY COMPANY
A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

Po Box 2915
Bloomington IL 61702-2915

Named Insured

M-01-33A5-FB74 F V

VENTURA 21 INC
375 VENTURA CLUB DR
ROSELLE IL 60172-1471

INLAND MARINE ATTACHING DECLARATIONS

Policy Number	**93-E0-R813-8**	
Policy Period	**Effective Date**	**Expiration Date**
12 Months	AUG 4 2026	AUG 4 2027

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-8782	Inland Marine Conditions
FE-8743.1	Inland Marine Computer Prop
FE-1401	Exculsion Cyber Incident

See Reverse for Schedule Page with Limits

Prepared
MAY 22 2026
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-8743.1	Inland Marine Computer Prop	$ 10,000	$ 500	Included
	Loss of Income and Extra Expense	$ 10,000		Included

OTHER LIMITS AND EXCLUSIONS MAY APPLY - REFER TO YOUR POLICY

Prepared
MAY 22 2026
FD-6007

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDATORY ENDORSEMENT (Illinois)

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

1. **SECTION I** is amended as follows:
   a. The following is added to Paragraph **1.d.** under Legal Action Against Us of **SECTION I – CONDITIONS**:

      The two year period for legal action against us is extended by the number of days between the date the proof of loss is filed with us and the date we deny the claim in whole or in part.
   b. Paragraphs **2.b.(6)** and **2.b.(7)** under **Mortgageholders** of the **Property General Conditions** are replaced by the following:
      (6) If we cancel this policy, we will provide notice to the mortgageholder at least 10 days before the effective date of cancellation.

      (7) If we elect not to renew this policy, we will provide notice to the mortgageholder at least 10 days before the expiration date of this policy.
2. The **SECTION I – PROPERTY** provision in Paragraph **7.** Other Insurance under **SECTION I AND SECTION II – COMMON POLICY CONDITIONS** is replaced by the following:

   SECTION I – PROPERTY
   a. You may have other insurance subject to the same plan, terms, conditions, and provisions as the insurance under this Policy. If you do, we will pay our share of the covered loss or damage. Our share is the proportion that the applicable Limit of Insurance under this Policy bears to the Limits of Insurance of all insurance covering on the same basis.
   b. If there is other insurance covering the same loss or damage, other than that described above, we will pay only for the amount of covered loss or damage in excess of the amount due from that other insurance, whether you can collect on it or not. However, this insurance is primary and does not contribute with any other insurance for a covered loss to property as described in **Coverage A – Buildings** that you do not own and which is your insurance responsibility according to the terms of a lease or rental agreement. We will decide if our payment for loss will be made to you or to the owner of the property. But we will not pay more than the applicable Limit of Insurance of **SECTION I – PROPERTY** coverages shown in the Declarations.
3. Paragraph **8. Premiums** under **SECTION I AND SECTION II – COMMON POLICY CONDITIONS** is replaced by the following:

   8. **Premiums**
      a. The first Named Insured shown in the Declarations:
         (1) Is responsible for the payment of all premiums; and

         (2) Will be the payee for any return premiums we pay.
      b. The premium shown in the Declarations was computed based on rates in effect at the time the policy was issued. On each renewal, continuation, or anniversary of the effective date of this policy, we will compute the premium in accordance with our rates and rules then in effect.
      c. Unless otherwise provided by an alternative payment plan in effect with “State Farm Companies”, you may continue this policy in force by paying a continuation premium for each successive one-year period.

         The premium must be:

         (1) Paid to us prior to the anniversary date; and

         (2) Determined in accordance with Paragraph **b.** above.

         Our forms then in effect will apply.

d. Undeclared exposures or change in your business operation, acquisition, or use of premises may occur during the policy period that are not shown in the Declarations. If so, we may require an additional premium. That premium will be determined in accordance with our rates and rules then in effect.

When you request changes to this policy, or the information or factors used to calculate the premium for this policy changes during the policy period, we may adjust the premium in accordance with the change during the policy period and you must pay any additional premium due within the time we specify.

e. The premium for this policy may vary based upon:

(1) The purchase of other insurance from the "State Farm Companies".

(2) The purchase of products or services from an organization that has entered into an agreement or contract with the "State Farm Companies". The "State Farm Companies" do not warrant the merchantability, fitness, or quality of any product or service offered or provided by that organization; or

(3) An agreement, concerning the insurance provided by this policy, that the "State Farm Companies" has with an organization in which you have a membership, or of which you are a subscriber, licensee, or franchisee.

f. Your purchase of this policy may allow:

(1) You to purchase or obtain certain coverages, coverage options, coverage deductibles, coverage limits, or coverage terms on other products from the "State Farm Companies", subject to their applicable eligibility rules; or

(2) The premium or price for other products or services purchased by you, including non-insurance products or services, to vary. Such other products or services must be provided by the "State Farm Companies" or by an organization that has entered into an agreement or contract with the "State Farm Companies". The "State Farm Companies" do not warrant the merchantability, fitness, or quality of any product or service offered or provided by that organization.

4. The following is added to **SECTION I AND SECTION II – COMMON POLICY CONDITIONS**:

Cancellation

a. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.

b. Except as provided in Paragraph **c.** of Cancellation:

(1) If this policy has been in effect for 60 days or less and is not a renewal with us, we may cancel this policy by providing you notice of cancellation:

(a) 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or

(b) 30 days before the effective date of cancellation if we cancel for any other reason.

(2) If this policy has been in effect for more than 60 days, or if this is a renewal policy, we may cancel this policy only for one or more of the following reasons:

(a) Nonpayment of premium;

(b) The policy was obtained by a material misrepresentation;

(c) You have violated any of the terms and conditions of the policy;

(d) The risk originally accepted has measurably increased;

(e) Certification to the Director of Insurance of the loss of reinsurance by the insurer which provided coverage to us for all or a substantial part of the underlying risk insured; or

(f) A determination by the Director that the continuation of the policy could place us in violation of the insurance laws of this State.

If we cancel this policy based on one or more of the above reasons except for nonpayment of premium, we will provide notice at least 60 days before the effective date of cancellation. When cancellation is for nonpayment of premium, we will provide notice at least 10 days before the effective date of cancellation.

(3) **THE FOLLOWING PROVISIONS APPLY IF THIS POLICY COVERS REAL PROPERTY OTHER THAN RESIDENTIAL PROPERTY OCCUPIED BY FOUR FAMILIES OR LESS:**

If any one or more of the following conditions exists at any building that is Covered Property in this policy, we may cancel this policy by providing you notice of cancellation, if:

(a) After a fire loss, permanent repairs to the building have not started within 60 days of satisfactory adjustment of loss, unless the delay is due to a labor dispute or weather conditions;

(b) The building has been unoccupied 60 or more consecutive days. This does not apply to:

(i) Seasonal unoccupancy; or

(ii) Buildings under repair, construction or reconstruction, if properly secured against unauthorized entry;

(c) The building has:

(i) An outstanding order to vacate;

(ii) An outstanding demolition order; or

(iii) Been declared unsafe in accordance with the law; or

(d) Heat, water, sewer service or public lighting have not been connected to the building for 30 consecutive days or more.

The policy will terminate 10 days following receipt of the written notice by the named insured(s).

c. THE FOLLOWING PROVISIONS APPLY IF THIS POLICY COVERS RESIDENTIAL PROPERTIES OCCUPIED BY FOUR FAMILIES OR LESS:

(1) If this policy has been in effect for 60 days or less and is not a renewal with us, we may cancel this policy by providing you notice of cancellation:

(a) 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or

(b) 30 days before the effective date of cancellation if we cancel for any other reason.

(2) If this policy has been in effect for more than 60 days, or if this is a renewal policy, we may only cancel this policy for one or more of the following reasons:

(a) Nonpayment of premium;

(b) The policy was obtained by misrepresentation or fraud; or

(c) Any act that measurably increases the risk originally accepted.

If we cancel this policy based on one or more of the above reasons except for nonpayment of premium, we will provide notice at least 30 days before the effective date of cancellation. When cancellation is for nonpayment of premium, we will provide notice at least 10 days before the effective date of cancellation.

d. If this policy is cancelled, we will send the first Named Insured any premium refund due. The refund will be pro rata. The cancellation will be effective even if we have not made or offered a refund.

e. Our notice of cancellation will state the specific reason for the cancellation.

f. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.

g. If this policy insured more than one Named Insured:

(1) The first Named Insured may affect cancellation for the account of all insureds; and

(2) Payment of unearned premium to the first Named Insured is for the account of all interests therein.

When We Do Not Renew

a. If we decide not to renew or continue this policy, we will provide you notice, stating the reason for nonrenewal, at least 60 days before the end of the policy period. If we offer to renew or continue and you do not accept, this policy will terminate at the end of the current policy period. Failure to pay the required renewal or continuation premium when due shall mean that you have not accepted our offer.

If we fail to provide proper notice of nonrenewal and you obtain other insurance, this policy will end on the effective date of that insurance.

b. THE FOLLOWING PROVISIONS APPLY ONLY IF THIS POLICY COVERS RESIDENTIAL PROPERTIES OCCUPIED BY FOUR FAMILIES OR LESS:

(1) If this policy has been issued to you and in effect with us for less than five years, we may not fail to renew this policy unless you received 30 days' notice before the end of the policy period, of our intent not to renew.

(2) If this policy has been issued to you and in effect with us for five or more years, we may not fail to renew this policy unless:

(a) The policy was obtained by misrepresentation or fraud;

(b) The risk originally accepted has measurably increased; or

(c) You received 60 days' notice of our intent not to renew as provided in Paragraph **a.** above.

(3) If we fail to provide proper notice of nonrenewal and you obtain other insurance this policy will end on the effective date of that insurance.

5. **THE FOLLOWING ADDITIONAL PROVISION IS ONLY APPLICABLE TO POLICIES INSURING CONDOMINIUMS:**

SECTION I AND SECTION II – COMMON POLICY CONDITIONS are amended as follows:

The following is added to Paragraph **10.b.** under Transfer Of Rights Of Recovery Against Others To Us:

We waive our right of recovery against any person or organization included under **SECTION II – WHO IS AN INSURED**.

6. **THE FOLLOWING ADDITIONAL PROVISIONS ARE ONLY APPLICABLE TO POLICIES INSURING:**

REAL PROPERTY USED PRINCIPALLY FOR RESIDENTIAL PURPOSES UP TO AND INCLUDING A FOUR FAMILY DWELLING; OR

ANY HOUSEHOLD OR PERSONAL PROPERTY THAT IS USUAL OR INCIDENTAL TO THE OCCUPANCY OF ANY PREMISES USED FOR RESIDENTIAL PURPOSES.

a. Paragraphs **1.b.(1)** and **(2)** under Appraisal of **SECTION I – CONDITIONS** are replaced by the following:

(1) Each party will pay its own appraiser and bear the other expenses of the appraisal and umpire equally, except as provided in Paragraph **(2)** below.

(2) We will pay your appraiser's fee and the umpire's appraisal fee, if the following conditions exist:

(i) You demanded the appraisal; and

(ii) The full amount of loss, as set by your appraiser, is agreed to by our appraiser or by the umpire.

b. Paragraph **2.** of **SECTION I AND II – COMMON POLICY CONDITIONS** is replaced by the following:

2. Concealment, Misrepresentation Or Fraud

a. This policy is void if you or any insured commit fraud or conceal or misrepresent a fact in the process leading to the issuance of this insurance, and such fraud, concealment or misrepresentation is stated in the policy or endorsement or in the written application for this policy and:

(1) Was made with actual intent to deceive; or

(2) Materially affected either our decision to provide this insurance or the hazard we assumed.

However, this condition will not serve as a reason to void this policy after the policy has been in effect for one year or one policy term, whichever is less.

b. We do not provide coverage under this policy to you or any other insured who, at any time subsequent to the issuance of this insurance, commit fraud or intentionally conceal or misrepresent a material fact relating to:

(1) This policy;

(2) The Covered Property;

(3) Your interest in the Covered Property; or

(4) A claim under this policy.

c. Notwithstanding the limitations stated in Paragraph **2.a.** above, we may cancel this policy in accordance with the terms of the Cancellation Conditions attached to this policy.

All other policy provisions apply.

(CONTINUED)

IMPORTANT NOTICE

Regarding Changes to Your Policy

CMP-4587 EXCLUSION – SILICA OR SILICA-RELATED DUST is added to your State Farm® policy.

The following changes to your policy are effective with this policy term:

- **SECTION II – LIABILITY**, **Section II – Exclusions**
  - **Silica or Silica-Related Dust:** There is no coverage for "bodily injury", "property damage" and "personal and advertising injury" losses related to "silica" or "silica-related dust", including any loss, cost or expense arising out of abating, testing for, monitoring, cleaning up, or other related activities, of "silica" or "silica-related dust", by any insured or by any other person or entity.
- **SECTION II – DEFINITIONS:** "Silica" or "Silica-related dust" is added.

The endorsement follows this notice. Please read the endorsement and place it with your policy. If you have any questions, please contact your State Farm agent.

DISCLAIMER: *This notice only provides a general summary of changes to your State Farm policy. This notice is not a statement of contract. This notice does not change, modify, or invalidate the provisions, terms, or conditions as set forth in your State Farm policy booklet, the most recently issued declarations, and any applicable endorsements.*

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – SILICA OR SILICA-RELATED DUST

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

A. The following is added to **Section II – Exclusions**:

Silica or Silica-Related Dust

1. "Bodily injury", "property damage" or "personal and advertising injury" arising, in whole or in part, out of the actual, alleged, threatened, or suspected inhalation of, ingestion, absorption, consumption, discharge, dispersal, seepage, migration, release or escape of, contact with, exposure to, existence of, or presence of, "silica" or "silica-related dust".
2. Any loss, cost or expense arising, in whole or in part, out of the abating, testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, remediating or disposing of, or in any way responding to or assessing the effects of, "silica" or "silica-related dust", by any insured or by any other person or entity.

B. The following definitions are added to **SECTION II – DEFINITIONS**:

1. "Silica" means silicon dioxide (occurring in crystalline, amorphous and impure forms), silica particles, silica dust or silica compounds.
2. "Silica-related dust" means a mixture or combination of silica and other dust or particles.

All other policy provisions apply.

CMP-4587

(CONTINUED)

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

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.

IMPORTANT NOTICE

Consumer Complaint Information

For information or assistance with any insurance problem, be sure to contact your State Farm® agent first. Your good neighbor agent will be happy to help you.

You may also contact:

State Farm Insurance Companies
PO Box 2320
Bloomington, Illinois 61702-2320
Telephone: 800-STATEFARM (800-782-8332)
Office Hours: 8:00 a.m. to 4:00 p.m., Monday through Friday

Consumer complaints may be filed online at the Illinois Department of Insurance's website or by mail. The Department maintains a Consumer Division at:

Illinois Department of Insurance
Consumer Division
115 S. LaSalle St., 13th Floor
Chicago, Illinois 60603

- and -

Illinois Department of Insurance
Consumer Division
320 W. Washington St.
Springfield, IL 62767

This message is provided by State Farm in compliance with Section 143c of the Illinois Insurance Code.

DISCLAIMER: *This notice only provides a general summary of changes to your State Farm policy. This notice is not a statement of contract. This notice does not change, modify, or invalidate the provisions, terms, or conditions as set forth in your State Farm policy booklet, the most recently issued declarations, and any applicable endorsements.*