



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

P.O. Box 82542  
Lincoln, NE 68501-2542

**Named Insured**

AT2 U-05-6480-FB7C F V

000268 3125  
HIGHLAND WOODS CONDOMINIUM  
ASSOCIATION  
C/O PRIMA MANAGEMENT  
PO BOX 620422  
MIDDLETON WI 53562-0422



**RENEWAL DECLARATIONS**

<b>Policy Number</b>	<b>99-BD-F736-7</b>	
<b>Policy Period</b>	<b>Effective Date</b>	<b>Expiration Date</b>
12 Months	JAN 1 2015	JAN 1 2016
The policy period begins and ends at 12:01 am standard time at the premises location.		

**Agent and Mailing Address**  
CLYDE R OLSON INS AGENCY INC  
3565 UNIVERSITY AVE  
MADISON WI 53705-2140

PHONE: (608) 238-2000

0168-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: CONDOMINIUM ASSOCIATION

NOTICE: Information concerning changes in your policy language is included. Please call your agent if you have any questions.

We are required by Wisconsin Law to inform you that if your payment is not received within 12 days after the due date, a notice will be sent stating the effective date of any cancellation for nonpayment.

POLICY PREMIUM \$ 18,134.00

Discounts Applied:  
Renewal Year  
Multiple Unit  
Claim Record

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OCT 16 2014  
CMP-4000

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## RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for HIGHLAND WOODS CONDOMINIUM  
 Policy Number 99-BD-F736-7

**SECTION I - PROPERTY BLANKET**

Coverage A - Buildings  
 Coverage B - Business Personal Property

Limit of Insurance\*  
 \$ 15,452,300  
 No Coverage

Location Number	Location of Described Premises
001	101 GLENTHISTLE RD MADISON WI 53705-1130
002	102 GLENTHISTLE RD MADISON WI 53705-1104
003	103 GLENTHISTLE RD MADISON WI 53705-1130
004	104 GLENTHISTLE RD MADISON WI 53705-1104
005	105 & 107 GLENTHISTLE RD MADISON WI 53705-1130
006	106 GLENTHISTLE RD MADISON WI 53705-1104
007	109 GLENTHISTLE RD MADISON WI 53705-1130
008	113 GLENTHISTLE RD MADISON WI 53705-1130

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**RENEWAL DECLARATIONS (CONTINUED)**

**Residential Community Association Policy for HIGHLAND WOODS CONDOMINIUM**  
**Policy Number 99-BD-F736-7**



Location Number	Location of Described Premises
009	115 & 117 GLENTHISTLE RD MADISON WI 53705-1130
010	118 GLENTHISTLE RD MADISON WI 53705-1104
011	119 GLENTHISTLE RD MADISON WI 53705-1130
012	120 GLENTHISTLE RD MADISON WI 53705-1104
013	122 & 124 GLENTHISTLE RD MADISON WI 53705-1104
014	202 GLEN HALLOW RD MADISON WI 53705-1166
015	204 GLEN HALLOW RD MADISON WI 53705-1166
016	206 GLEN HALLOW RD MADISON WI 53705-1166
017	208 & 210 GLEN HALLOW RD MADISON WI 53705
018	211 & 213 GLEN HALLOW RD MADISON WI 53705

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## RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for HIGHLAND WOODS CONDOMINIUM  
 Policy Number 99-BD-F736-7

Location Number	Location of Described Premises
019	212 & 214 GLEN HALLOW RD MADISON WI 53705
020	215 GLEN HALLOW RD MADISON WI 53705-1167
021	217 & 219 GLEN HALLOW RD MADISON WI 53705
022	221 & 223 GLEN HALLOW RD MADISON WI 53705
023	225 & 227 GLEN HALLOW RD MADISON WI 53705
024	226 & 228 GLEN HALLOW RD MADISON WI 53705
025	229 GLEN HALLOW RD MADISON WI 53705-1167
026	230 GLEN HALLOW RD MADISON WI 53705-1166
027	301 GLENTHISTLE CT MADISON WI 53705-1165
028	302 GLENTHISTLE CT MADISON WI 53705-1165

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## RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for HIGHLAND WOODS CONDOMINIUM  
 Policy Number 99-BD-F736-7



Location Number	Location of Described Premises
029	303 & 305 GLENTHISTLE CT MADISON WI 53705-1165
030	304 GLENTHISTLE CT MADISON WI 53705-1165
031	306 & 308 GLENTHISTLE CT MADISON WI 53705-1165
032	307 GLENTHISTLE CT MADISON WI 53705-1165
033	309 GLENTHISTLE CT MADISON WI 53705-1165
034	310 GLENTHISTLE CT MADISON WI 53705-1165
035	311 & 313 GLENTHISTLE CT MADISON WI 53705-1165
036	312 GLENTHISTLE CT MADISON WI 53705-1165
037	314 GLENTHISTLE CT MADISON WI 53705-1165
038	315 GLENTHISTLE CT MADISON WI 53705-1165

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## RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for HIGHLAND WOODS CONDOMINIUM  
 Policy Number 99-BD-F736-7

Location Number	Location of Described Premises
039	316 GLENTHISTLE CT MADISON WI 53705-1165
040	317 GLENTHISTLE CT MADISON WI 53705-1165
041	319 GLENTHISTLE CT MADISON WI 53705-1165
042	321 GLENTHISTLE CT MADISON WI 53705-1165

\* 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: 155.3

**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.

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## RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for HIGHLAND WOODS CONDOMINIUM  
 Policy Number 99-BD-F736-7


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

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## RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for HIGHLAND WOODS CONDOMINIUM  
 Policy Number 99-BD-F736-7

**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	\$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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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for HIGHLAND WOODS CONDOMINIUM  
Policy Number 99-BD-F736-7



**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
Loss Of Income And Extra Expense	Actual Loss Sustained - 12 Months

**SECTION II - LIABILITY**

COVERAGE	LIMIT OF INSURANCE
Coverage L - Business Liability	\$2,000,000
Coverage M - Medical Expenses (Any One Person)	\$5,000
Damage To Premises Rented To You	\$300,000
Directors And Officers Liability	\$2,000,000
 <b>AGGREGATE LIMITS</b>	
Products/Completed Operations Aggregate	\$4,000,000
General Aggregate	\$4,000,000
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.

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## RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for HIGHLAND WOODS CONDOMINIUM  
 Policy Number 99-BD-F736-7

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**


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CMP-4100	Businessowners Coverage Form
FE-6999.1	*Terrorism Insurance Cov Notice
CMP-4550	Residential Community Assoc
CMP-4746	Hired Auto Liability
CMP-4249	Amendatory Endorsement
CMP-4705	Loss of Income & Extra Expnse
CMP-4508	Money and Securities
CMP-4814	Directors & Officers Liability
CMP-4710	Employee Dishonesty
CMP-4829	Guaranteed Replacement Cost
FD-6007	Inland Marine Attach Dec
	* New Form Attached

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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.

*Lynne M. Yauell*  
 Secretary

*Edward D. Rust Jr.*  
 President

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## RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for HIGHLAND WOODS CONDOMINIUM  
 Policy Number 99-BD-F736-7

**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.

**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.<sup>®</sup> 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<sup>®</sup> 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.

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

P.O. Box 82542  
Lincoln, NE 68501-2542

INLAND MARINE ATTACHING DECLARATIONS

Policy Number 99-BD-F736-7

Policy Period	Effective Date	Expiration Date
12 Months	JAN 1 2015	JAN 1 2016

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

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**Named Insured**

HIGHLAND WOODS CONDOMINIUM  
ASSOCIATION  
C/O PRIMA MANAGEMENT  
PO BOX 620422  
MIDDLETON WI 53562-0422



0708-ST-0001

**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-8739 Inland Marine Conditions
- FE-8266 Amendatory Endorsement
- FE-8743 Inland Marine Computer Prop

See Reverse for Schedule Page with Limits

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ATTACHING INLAND MARINE SCHEDULE PAGE

ATTACHING INLAND MARINE

ENDORSEMENT NUMBER	COVERAGE	LIMIT OF INSURANCE	DEDUCTIBLE AMOUNT	ANNUAL PREMIUM
FE-8743	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

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In accordance with the Terrorism Risk Insurance Reauthorization Act of 2007, this disclosure is part of your policy.



## POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is not excluded from your current policy. However your policy does contain other exclusions which may be applicable, such as an exclusion for nuclear hazard. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2007, the definition of act of terrorism has changed. As defined 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 concurrence with the Secretary of State, 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 85% 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.**

