



STATE FARM LLOYDS
A LLOYDS COMPANY IN RICHARDSON, TEXAS

Po Box 2915
Bloomington IL 61702-2915

Named Insured

AT2 M-25-8221-FB09 F V
001982 3125
TOWNHOMES OF VILLAGE WEST
HOMEOWNERS ASSN
1043 BARBARA DR LOT 2
CANYON LAKE TX 78133-5223



RENEWAL DECLARATIONS

Policy Number	90-BR-1003-8	
Policy Period	Effective Date	Expiration Date
12 Months	JAN 29 2023	JAN 29 2024
The policy period begins and ends at 12:01 am standard time at the premises location.		

Agent and Mailing Address
RUBEN CARDENAS JR CHFC
410 E SAN ANTONIO AVE
BOERNE TX 78006-2054

PHONE: (830) 249-3325

0109-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: TOWNHOUSE ASSOCIATION

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

ALL

POLICY PREMIUM \$ 4,053.00

Discounts Applied:
Renewal Year _____
Claim Record _____

\$ 1013.²⁵ each
Payable to STATE FARM
Send in Ruben's office
Before Jan. 27, 2023.
Cardenas

Prepared
NOV 16 2022
CMP-4000

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Page 1 of 8

RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for TOWNHOMES OF VILLAGE WEST
Policy Number 90-BR-1003-8

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	1043 BARBARA DR CANYON LAKE TX 78133-5222	\$ 676,800	No Coverage

* 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: 217.4

SECTION I - DEDUCTIBLES

Basic Deductible \$1,000

Special Deductibles:

Money and Securities	\$250	Employee Dishonesty	\$250
Equipment Breakdown	\$1,000		

The Inflation Coverage provision may change your deductible. Refer to page 17 of your policy.

RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for TOWNHOMES OF VILLAGE WEST
Policy Number 90-BR-1003-8



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 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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 NOV 16 2022
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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for TOWNHOMES OF VILLAGE WEST
 Policy Number 90-BR-1003-8

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 TOWNHOMES OF VILLAGE WEST
Policy Number 90-BR-1003-8



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.

0309-ST-0001

COVERAGE	LIMIT OF INSURANCE
Back-Up of Sewer or Drain	Included
Employee Dishonesty	\$25,000
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
AGGREGATE LIMITS	
Products/Completed Operations Aggregate	\$2,000,000
General 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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 NOV 16 2022
 CMP-4000

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for TOWNHOMES OF VILLAGE WEST
Policy Number 90-BR-1003-8

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
- FE-6999.3 *Terrorism Insurance Cov Notice
- CMP-4243.2 Amendatory Endorsement
- CMP-4550 Residential Community Assoc
- CMP-4746.1 Hired Auto Liability
- CMP-4784 Per Dwelling Building Deduct
- CMP-4710 Employee Dishonesty
- CMP-4508 Money and Securities
- CMP-4705.2 Loss of Income & Extra Expnse
- FE-3650 Actual Cash Value Endorsement
- CMP-4561.1 Policy Endorsement
- FD-6007 Inland Marine Attach Dec
- * New Form Attached

FORM NUMBER	DESCRIPTION
CMP-4100	Businessowners Coverage Form
FE-6999.3	*Terrorism Insurance Cov Notice
CMP-4243.2	Amendatory Endorsement
CMP-4550	Residential Community Assoc
CMP-4746.1	Hired Auto Liability
CMP-4784	Per Dwelling Building Deduct
CMP-4710	Employee Dishonesty
CMP-4508	Money and Securities
CMP-4705.2	Loss of Income & Extra Expnse
FE-3650	Actual Cash Value Endorsement
CMP-4561.1	Policy Endorsement
FD-6007	Inland Marine Attach Dec
	* New Form Attached

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NOV 16 2022
CMP-4000

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RENEWAL DECLARATIONS (CONTINUED)

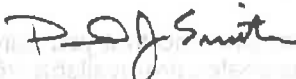
Residential Community Association Policy for TOWNHOMES OF VILLAGE WEST
Policy Number 90-BR-1003-8



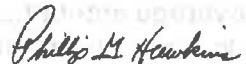
This policy is issued by State Farm Lloyds.

SERVICE OF PROCESS - Service of Process may be had upon the State Official duly designated for such purpose in the state in which the property insured hereunder is located if State Farm Lloyds is licensed in such state; or upon the Commissioner of Insurance of the State of Texas; or upon the duly appointed Attorney-in-Fact for State Farm Lloyds at Richardson, Texas. Underwriters at State Farm Lloyds have complied with the laws of the State of Texas regulating Lloyds plan insurance and said statutes are hereby made a part of the policy. The entire assets of State Farm Lloyds supports its policies, but each individual underwriter's liability is several and not joint and is limited by law to the amount fixed by his/her underwriter's contract and subscription and no underwriter is liable as a partner. This policy is made and accepted subject to the foregoing stipulations and conditions together with such other provisions, agreements or conditions as may be endorsed hereon or added hereto, and no agent or other representative of State Farm Lloyds shall have the power to waive any provision or condition of this policy. This policy is non-assessable and no contingent liability of any kind and character attaches to the insured named herein.

In Witness Whereof, State Farm Lloyds has caused this policy to be signed by its President and Secretary.

By: 
Secretary
State Farm Lloyds, Inc.
Attorney-in-Fact

State Farm Lloyds


President
State Farm Lloyds, Inc.
Attorney-In-Fact

RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for TOWNHOMES OF VILLAGE WEST
Policy Number **90-BR-1003-8**

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.[®] 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.

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NOV 16 2022
CMP-4000

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STATE FARM LLOYDS
A LLOYDS COMPANY IN RICHARDSON, TEXAS

Po Box 2915
Bloomington IL 61702-2915

Named Insured

M-25-8221-FB09 F V

TOWNHOMES OF VILLAGE WEST
HOMEOWNERS ASSN
1043 BARBARA DR LOT 2
CANYON LAKE TX 78133-5223



INLAND MARINE ATTACHING DECLARATIONS

Policy Number	90-BR-1003-8	
Policy Period	Effective Date	Expiration Date
12 Months	JAN 29 2023	JAN 29 2024
The policy period begins and ends at 12:01 am standard time at the premises location.		

0509-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-6865 Amend of Inland Marine Condtns
- FE-8743.1 Inland Marine Computer Prop

See Reverse for Schedule Page with Limits

Prepared
NOV 16 2022
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 Loss of Income and Extra Expense	\$ 10,000 \$ 10,000	\$ 500	Included Included

OTHER LIMITS AND EXCLUSIONS MAY APPLY - REFER TO YOUR POLICY

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NOV 16 2022
FD-6007

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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.

FE-6999.3



UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLUMBIA

IN RE: THE ESTATE OF JAMES EARL RAY, JR., DECEASED. Cause No. 80-1003-8. Plaintiff, THE UNITED STATES OF AMERICA, v. Defendant, JAMES EARL RAY, JR.

James Earl Ray, Jr. was born on May 10, 1928, in Jackson, Mississippi. He is a white male, single, and has a high school education. He has been married to Bernice A. Ray since 1954.

Ray was employed by the United States Postal Service from 1954 to 1967. He was a member of the National Rifle Association and the American Rifle Association. He was also a member of the United States Rifle Association and the National Rifle Association of America.

Ray was arrested on January 17, 1968, in London, England, on charges of the murder of Dr. Martin Luther King, Jr. He was charged with the murder of Dr. King on January 4, 1968, in Memphis, Tennessee. Ray was arrested in London on January 17, 1968, and was held in custody at the Metropolitan Police Station in London. He was then transported to the Federal House of Detention in London, where he was held until his extradition to the United States on February 17, 1968.

James Earl Ray, Jr. was born on May 10, 1928, in Jackson, Mississippi.



BUSINESS OWNERS AND MANAGERS: Is Loss Control Part Of Your Business?

We at State Farm® feel that Loss Control is an important management tool and that it should be part of your business operation.

Loss Control – Is simply a way to prevent accidents, or to reduce the effects of those accidents on your business, your employees and your customers.

Failure To Control Losses

- Increases insurance cost, operating costs, and increased liability to the owner.
- Decreases profits, operating efficiency, productivity, product quality, and employee/customer confidence.

Why You Need A Loss Control Program

- Concern for the welfare of your employees, customers, and the general public.
- Control of the dollar losses due to accidents, lost time of workers, and your administrative time following accidents. Insurance will cover many of the direct costs of these accidents, but many of the "hidden" costs of these accidents come out of your pocket.
- Compliance with provisions of federal and state laws and regulations.

Essential Elements of a Loss Control Program

- A written Loss Control policy that states management's commitment and support of the program.
- Assignment of specific responsibilities and accountabilities for program areas.

- Specific methods to recognize, evaluate and control hazards such as:
 - Selection and training of employees.
 - Establish and enforce safety rules.
 - Regular inspections of your business.
 - Regular maintenance programs.
 - Review of all accidents.
 - Maintain accurate records to monitor program progress and measure long term trends.

State Farm Can Help – We can provide additional information to help you with:

- Establishing a loss control program
- Evaluating your loss control efforts
- Safety training
- Safety consultations

For additional information, please complete the information below and mail it to:

State Farm Lloyds
P.O. Box 853925
Richardson, TX 75085-3922
Attn: Business Lines Loss Control Services

Phone: 844-892-8286

Email: ntex.comund-lossctrl.534o08@statefarm.com

State Farm services are not intended to be inclusive of all potential accident sources, nor are they intended to warrant your compliance with any federal, state or local laws.

Attention: Business Lines Loss Control Services

I AM INTERESTED IN RECEIVING INFORMATION REGARDING STATE FARM LIABILITY LOSS CONTROL SERVICES.

- Establishing a Loss Control Program
- Consultations on new or existing Commercial Liability Loss Control Programs
- Other: _____

Name _____

Address _____

City _____ State _____ Zip _____ Phone Number _____

Policy Number _____ State Farm agent _____

0709-ST-0001

INTERNATIONAL TRADE COMMISSION

Case No. 701-1003-8

Complaint by [Name] against [Name]

Section 337 of the Tariff Act of 1930

Section 337(a)(1)(A) - Infringement of Intellectual Property Rights

- 1. The complainant is a citizen of the United States.
- 2. The respondent is a citizen of a foreign country.
- 3. The respondent has infringed the complainant's intellectual property rights.

The complainant has suffered or is likely to suffer substantial injury.

The respondent's activities are being carried out in the United States.

The complainant has exhausted all other available remedies.

The complainant has a right to relief under the Tariff Act of 1930.

Prayer for relief: The complainant requests that the Commission order the respondent to cease and desist from the infringing activities.

Respectfully submitted, [Name]

Attorney for Complainant, [Name]

Filed: [Date]

Attest: [Signature]

Secretary

Commissioner

Deputy Commissioner

Assistant Secretary

Assistant Deputy Secretary



IMPORTANT NOTICE

AVISO IMPORTANTE

To obtain information or make a complaint:

Para obtener información o para presentar una queja:

You may call the State Farm® toll-free telephone number for information or to make a complaint at:

Usted puede llamar al número de teléfono gratuito de State Farm® para obtener información o para presentar una queja al:

800-STATEFARM (800-782-8332)

800-STATEFARM (800-782-8332)

Or by mail at:

O por correo a:

**1 State Farm Plaza
Bloomington, IL, 61710-0001
Email: home.ccc-customer-feedback.314o00@statefarm.com**

**1 State Farm Plaza
Bloomington, IL 61710-0001
Correo electrónico: home.ccc-customer-feedback.314o00@statefarm.com**

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

Usted puede comunicarse con el Departamento de Seguros de Texas para obtener información sobre compañías, coberturas, derechos o quejas al:

800-252-3439

800-252-3439

You may write the Texas Department of Insurance:

Usted puede escribir al Departamento de Seguros de Texas:

P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 490-1007
Web: www.tdi.texas.gov
E-mail: ConsumerProtection@tdi.texas.gov

P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 490-1007
Web: www.tdi.texas.gov
E-mail: ConsumerProtection@tdi.texas.gov

To obtain price and policy form comparisons and other information relating to residential property insurance and personal automobile insurance, you may visit the Texas Department of Insurance/Office of Public Insurance Counsel website:

Para obtener formas para la comparación de precios y pólizas y para obtener otra información sobre el seguro de propiedad residencial y de seguro de automóvil personal, visite el sitio web del Departamento de Seguros de Texas/Oficina del Asesor Público de Seguros:

www.helpinsure.com

www.helpinsure.com

PREMIUM OR CLAIM DISPUTES:

DISPUTAS SOBRE PRIMAS DE O RECLAMACIONES:

If you have a problem with a claim or your premium, call your insurance company or HMO first. If you can't work out the issue, the Texas Department of Insurance may be able to help. Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't, you may lose your right to appeal.

Si usted tiene un problema con un reclamo o con las primas de su póliza, llame primero a su compañía de seguros u Organización del Mantenimiento de la Salud (HMO, por sus siglas en inglés). Si no puede resolver el asunto, es posible que el Texas Department of Insurance ("Departamento de Seguros de Texas") pueda ayudarle. Aunque presente una denuncia al Texas Department of Insurance, también debería presentar una denuncia o apelación a través de su compañía de seguros o HMO. Si no lo hace, es posible que pierda su derecho de apelación.

ATTACH THIS NOTICE TO YOUR POLICY:

ADJUNTE ESTE AVISO A SU PÓLIZA:

This notice is for information only and does not become a part or condition of the attached document.

Este aviso es solamente para propósito de informativos y no se convierte en parte o en condición del documento adjunto.

0809-ST-0001

IMPORTANT NOTICE

The following information is being provided in accordance with Texas law.

Your policy includes provisions under SECTION I – CONDITIONS that states:

- If a loss is caused by windstorm or hail in a catastrophe area as defined under Texas law, you must file a claim with us not later than one year after the date of the loss that is the subject of the claim unless you show good cause for not filing the claim within this time period.
- With respect to a loss caused by windstorm or hail in the catastrophe area as defined under Texas law, no suit or action may be brought against us unless it is started within the earlier of:
 - two years from the date we accept or reject the claim; or
 - three years from the date of the loss that is the subject of the claim.

This Notice is provided for informational purposes only, and it does not change, modify or invalidate any of the provisions, terms or conditions of your policy, or any other applicable endorsements.

553-3797 TX.1 (C)

553-4365 TX
Page 1 of 1

IMPORTANT NOTICE Regarding Changes to Your Policy

Your Apartment or Residential Community Association policy currently has a required Per Dwelling Building Deductible endorsement CMP-4784. The use of this endorsement is being revised to be offered on an optional basis. It will remain on your policy at the next policy renewal date.

Please contact your State Farm® agent if you are interested in removing endorsement CMP-4784 from your policy or for additional information and discussion about the coverage that meets your needs.

DISCLAIMER: *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.*

553-4365 TX



Important Notice Regarding Your Policy



The Texas Department of Insurance requires all insurance companies to provide the following information to their policyholders:

Flood Insurance: You may also need to consider the purchase of flood insurance. Your insurance policy does not include coverage for damage resulting from a flood even if hurricane winds and rain caused the flood to occur. Without separate flood insurance coverage, you may have uncovered losses caused by a flood. Please discuss the need to purchase separate flood insurance coverage with your insurance agent or insurance company, or visit www.floodsmart.gov.

Please refer to your policy for terms and conditions that apply.

553-4303 TX

0909-1S-0001

INSTRUCTIONS TO THE APPLICANT

The purpose of this document is to provide you with the information you need to complete the application process. Please read these instructions carefully and follow the instructions exactly. If you have any questions, please contact the office of the Registrar of the State of New York at (516) 475-2000.

1. Fill out the application form completely and accurately. Do not leave any blanks. If you need more space, attach additional sheets.

2. Attach the required documents to the application form. Make sure the documents are legible and clearly labeled.

3. Pay the required fee. The fee is non-refundable. Please attach the payment to the application form.

4. Submit the application to the appropriate office. The application will be reviewed and approved if all requirements are met.

5. If you are approved, you will receive a certificate of approval. If you are not approved, you will receive a letter explaining the reasons for the denial.

6. If you have any questions, please contact the office of the Registrar of the State of New York at (516) 475-2000.

7. These instructions are subject to change without notice. Please check the website for the most current information.

8. The application process is subject to the rules and regulations of the State of New York.

9. The application process is subject to the rules and regulations of the State of New York.

10. The application process is subject to the rules and regulations of the State of New York.

11. The application process is subject to the rules and regulations of the State of New York.

12. The application process is subject to the rules and regulations of the State of New York.

13. The application process is subject to the rules and regulations of the State of New York.

14. The application process is subject to the rules and regulations of the State of New York.

15. The application process is subject to the rules and regulations of the State of New York.

StateFarm



STATE FARM LLOYDS
Po Box 2915
Bloomington IL 61702-2915

001982 3125 M-25- 8221-FB09 V F
TOWNHOMES OF VILLAGE WEST
HOMEOWNERS ASSN
1043 BARBARA DR LOT 2
CANYON LAKE TX 78133-5223



ST-0101-0001

BALANCE DUE NOTICE

POLICY NUMBER 90-BR-1003-8
Residential Community Association Policy

DATE DUE PLEASE PAY THIS AMOUNT
SEE NOTE SEE NOTE

Full payment by Date Due continues this policy to JAN 29 2024

PREMIUM \$ 4,053.00

Location: 1043 BARBARA DR
CANYON LAKE TX 78133-5222

Important Message(s)

NOTE:
Do not pay. Payment is being made through State Farm Payment Plan. Account # 1114198825

Agent Telephone RUBEN CARDENAS JR CHFC
(830) 249-3325

17 2131 3168

See reverse for important information.
Please keep this part for your record.
Prepared NOV 16 2022

↓ Please fold and tear here ↓

MOVING? PLEASE SEE YOUR STATE FARM AGENT. M8221-FB09

INSURED TOWNHOMES OF VILLAGE WEST
HOMEOWNERS ASSN

POLICY NUMBER 90-BR-1003-8 CONDOMINIUM

PLEASE RETURN THIS PART WITH YOUR CHECK MADE PAYABLE TO STATE FARM

DATE DUE PLEASE PAY THIS AMOUNT
SEE NOTE SEE NOTE

2509302289

StateFarm



For office use only 538-181 p.8 10-04-2010

(e113092a) 1337 (6113091) M 13603

Prepared: NOV 16 2022
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FIRE BAL DUE

0228

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When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

02-08-2007 (o1f3096a)

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