



Po Box 2915  
Bloomington IL 61702-2915

**Named Insured**

003537 3123 M-24-3323-FB56 F N  
WILDHORSE RANCH LANDOWNERS  
ASSOCIATION  
11 LASSO LN  
PIE TOWN NM 87827



**DECLARATIONS**

<b>Policy Number</b>	<b>91-B1-M029-9</b>	
<b>Policy Period</b>	<b>Effective Date</b>	<b>Expiration Date</b>
12 Months	JUL 22 2024	JUL 22 2025
The policy period begins and ends at 12:01 am standard time at the premises location.		

**Agent and Mailing Address**  
T SAIZ-WILMERT INS AGENCY INC  
6301 RVRSIDE PLZ LN NW STE 2  
ALBUQUERQUE NM 87120-2638  
  
PHONE: (505) 792-2070

ST-12  
0115-3001

**Businessowners 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:** UNINCORPORATED NONPROFIT

**AUXILIARY STRUCTURES**

Location Number	Description	Limit of Insurance
001A	Storage, Equipment or Laundry	\$ 1,314.00
001B	Storage, Equipment or Laundry	\$ 8,500
001C	Storage, Equipment or Laundry	\$ 6,500
001D	OUTDOOR AMPHITHEATER	\$ 75,000

POLICY PREMIUM \$ 1,314.00

Discounts Applied:  
Years in Business \$ 8,500  
Protective Devices \$ 6,500  
Age of Building \$ 75,000  
Claim Record

**SECTION I - INFLATION COVERAGE INDEXES**

Gov A - Inflation Coverage Index	252.5
Gov B - Consumer Price Index	314.3

Prepared  
JUL 26 2024  
CMP-4000

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**DECLARATIONS (CONTINUED)**

**Businessowners Policy for WILDHORSE RANCH LANDOWNERS**  
**Policy Number 91-B1-M029-9**

**SECTION I - PROPERTY SCHEDULE**

Location Number	Location of Described Premises	Limit of Insurance*		Seasonal Increase-Business Personal Property
		Coverage A - Buildings	Coverage B - Business Personal Property	
001	11 LASSO LN PIE TOWN NM 87827	\$ 141,000	\$ 5,400	25%

**AUXILIARY STRUCTURES**

Location Number	Description	Limit of Insurance*	
		Coverage A - Buildings	Coverage B - Business Personal Property
001A	Storage, Equipment, or Laundry	\$ 6,500	See Prop Sch
001B	Storage, Equipment, or Laundry	\$ 6,500	See Prop Sch
001C	Storage, Equipment, or Laundry	\$ 6,500	See Prop Sch
001D	OUTDOOR AMPHITHEATER	\$ 72,200	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)**

Cov A - Inflation Coverage Index: 235.2  
 Cov B - Consumer Price Index: 314.2

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**DECLARATIONS (CONTINUED)**

**Businessowners Policy for WILDHORSE RANCH LANDOWNERS**  
**Policy Number 91-B1-M029-9**



ST-12  
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**SECTION I - DEDUCTIBLES**

<b>Basic Deductible</b>	\$1,000		
<b>Special Deductibles:</b>			
Money and Securities	\$250	Equipment Breakdown	\$1,000

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
Accounts Receivable	
On Premises	\$10,000
Off Premises	\$5,000
Arson Reward	\$5,000
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	\$2,500
Fire Extinguisher Systems Recharge Expense	\$5,000
Forgery Or Alteration	\$10,000
Glass Expenses	Included
Increased Cost Of Construction And Demolition Costs (applies only when buildings are insured on a replacement cost basis)	10%

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DECLARATIONS (CONTINUED)

Businessowners Policy for WILDHORSE RANCH LANDOWNERS  
 Policy Number 91-B1-M029-9

Money And Securities (Off Premises)	\$2,000
Money And Securities (On Premises)	\$5,000
Money Orders And Counterfeit Money	\$1,000
<hr/>	
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
Outdoor Property	\$5,000
Personal Effects (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
<hr/>	
Personal Property Off Premises	\$15,000
Pollutant Clean Up And Removal	\$10,000
Preservation Of Property	30 Days
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
Water Damage, Other Liquids, Powder Or Molten Material Damage	Included

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DECLARATIONS (CONTINUED)

Businessowners Policy for WILDHORSE RANCH LANDOWNERS  
Policy Number 91-B1-M029-9



**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.

ST-12  
0315-0001

COVERAGE	LIMIT OF INSURANCE
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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JUL 26 2024  
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State Farm Fire and Casualty Company  
A Stock Company With Home Offices in Bloomington, Illinois

Po Box 2915  
Bloomington IL 61702-2915

Named Insured

000043 3129  
WILD HORSE RANCH LANDOWNERS  
ASSOCIATION INC  
11 LASSO LN  
PIE TOWN NM 87827

9L-24-3323-FB56 F M

DECLARATIONS

Policy Number	91-B1-M031-3	
Policy Period	Effective Date	Expiration Date
12 Months	JUL 22 2024	JUL 22 2025
The policy period begins and ends at 12:01 am standard time at your mailing address as shown.		



Entity: Corporation

COMMERCIAL LIABILITY UMBRELLA POLICY

**Automatic Renewal** - If the **policy period** is shown as **12 months**, this policy will be renewed automatically upon payment of the renewal premium when due subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated we will give you written notice in compliance with the policy provisions or as required by law.

Coverage(s)	Limits of Insurance
Coverage L - Business Liability (Each Occurrence)	\$ 1,000,000
Coverage L - Business Liability (Annual Aggregate)	\$ 1,000,000
<b>Self-Insured Retention</b>	<b>\$ 10,000</b>

Required Underlying Insurance Schedule

Coverage	Minimum Underlying Limits
<b>Business Liability</b>	Bodily Injury (Per Occurrence) \$ 500,000
	Bodily Injury (Annual Aggregate) \$ 1,000,000
	Property Damage (Per Occurrence and Annual Aggregate) \$ 100,000
	--or--
<b>Employers Non-Owned Auto Liability</b>	Bodily Injury and Property Damage (Per Occurrence) \$ 500,000
	Bodily Injury and Property Damage (Annual Aggregate) \$ 1,000,000
<b>Employers Non-Owned Auto Liability</b>	--or--
	Bodily Injury (Each Person/Each Accident) \$ 500,000 / \$ 500,000
	Property Damage (Each Accident) \$ 100,000
	--or--
Bodily Injury and Property Damage (Each Accident) \$ 500,000	

Forms & Endorsements

Commercial Umb Coverage Form	CU-2100
Policy Endorsement	CU-2474.3
Exclusion - Lead Poisoning	CU-2339
Amendatory Endorsement	CU-2231.1
Terrorism Insurance Cov Notice	FE-6999.3

Policy Premium

\$ 312.00

Other limits and exclusions may apply - refer to your policy

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AUG 19 2024  
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N 1R

T SAIZ-WILMERT INS AGENCY INC  
(505) 792-2070

ST-4  
0105-8000

DECLARATIONS (CONTINUED)

Businessowners Policy for WILDHORSE RANCH LANDOWNERS  
Policy Number 91-B1-M029-9

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-4561.4	Policy Endorsement
CMP-4705.2	Loss of Income & Extra Expnse
CMP-4231.2	Amendatory Endorsement
CMP-4709	Money and Securities
FE-6999.3	Terrorism Insurance Cov Notice
CMP-4804	Addl Insd Club Members
FE-3650	Actual Cash Value Endorsement
FD-6007	Inland Marine Attach Dec

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. Younell*  
Secretary

*Michael J. Tignor*  
President

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