

State Farm Fire and Casualty Company
A Stock Company With Home Offices in Bloomington, Illinois

Po Box 2915
Bloomington IL 61702-2915

Named Insured

000017 3129 9L-24-3323-FB56 F M
WILDHORSE RANCH LANDOWNERS'
ASSOCIATION INC
11 LASSO LN
PIE TOWN NM 87827

DECLARATIONS

AMENDED JUN 8 2026

Policy Number 91-B1-M031-3

Policy Period	Effective Date	Expiration Date
12 Months	JUL 22 2026	JUL 22 2027

The policy period begins and ends at 12:01 am standard time at your mailing address as shown.

Your policy is amended JUN 8 2026
INSURED NAME AND/OR ADDRESS CHANGE

|||||

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 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.

Other items shown are effective with the policy's 2026 renewal

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

Required Underlying Insurance Schedule	
Coverage	Minimum Underlying Limits
Business Liability	Bodily Injury (Per Occurrence) \$ 500,000
	Bodily Injury (Annual Aggregate) \$ 1,000,000
	Property Damage (Per Occurrence and Annual Aggregate) \$ 100,000
--or--	
	Bodily Injury and Property Damage (Per Occurrence) \$ 500,000
	Bodily Injury and Property Damage (Annual Aggregate) \$ 1,000,000
Employers Non-Owned Auto Liability	Bodily Injury and Property Damage (Each Occurrence) \$ 500,000
	Bodily Injury and Property Damage (Annual Aggregate) \$ 1,000,000
	--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	Endorsement Premium
Commercial Umb Coverage Form	None
Exclusion - Lead Poisoning	
Mandatory Endorsement	
Terrorism Insurance Cov Notice	
Policy Endorsement	
Exclusion Cyber Incident	

Other limits and exclusions may apply - refer to your policy

Continued on Reverse

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Prepared
JUN 09 2026

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