



STATE FARM LLOYDS
A LLOYDS COMPANY IN RICHARDSON, TEXAS

Po Box 2915
Bloomington IL 61702-2915

Named Insured

AT2 000647 3125 M-08-7474-FA7E F V
CASTLE HILL BURLESON
HOMEOWNERS ASSOCIATION INC
PO BOX 1474
BURLESON TX 76097-1474



RENEWAL DECLARATIONS

Policy Number	93-B9-Z356-4	
Policy Period	Effective Date	Expiration Date
12 Months	MAY 6 2023	MAY 6 2024
The policy period begins and ends at 12:01 am standard time at the premises location.		

Agent and Mailing Address
ART BRUCKS CLU, CHFC
100 NW RENFRO ST
BURLESON TX 76028-4112
PHONE: (817) 295-2211

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.

POLICY PREMIUM \$ 783.00

Discounts Applied:
Renewal Year
Claim Record

Prepared
FEB 21 2023
CMP-4000

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for CASTLE HILL BURLESON
 Policy Number 93-B9-Z356-4

This Policy does not provide any SECTION I - PROPERTY coverage.

SECTION II - LOCATION SCHEDULE

Location Number	Location of Described Premises
001	224 FLAGSTONE BURLESON TX 76028-3770

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	LIMIT OF INSURANCE
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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