



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

3 Ravinia Drive
Atlanta GA 30346-2117

Named Insured

AT2 003836 3125 M-20-1994-FB05 F E

WELL GROUNDED ELECTRIC
SERVICES LLC
967 CLOVER CIR
LAFAYETTE CO 80026-1775



RENEWAL DECLARATIONS

Policy Number	96-B7-C738-5	
Replaces Number	96-B7-C043-0	
Policy Period	Effective Date	Expiration Date
1 Year	JAN 23 2020	JAN 23 2021

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

Agent and Mailing Address
PAUL J HULTGREN INS AGENCY INC
1345 PLAZA CT N STE 2B
LAFAYETTE CO 80026-2832

PHONE: (303) 665-9465

0107-ST-0001

Artisan And Service Contractor 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: Limited Liability Company

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

Total Estimated Premium
Audit Period: Annual \$ 1,090.00

Discounts Applied:
Years in Business

RENEWAL DECLARATIONS (CONTINUED)

Artisan And Service Contractor Policy for WELL GROUNDED ELECTRIC
 Policy Number 96-B7-C738-5

SECTION I - PROPERTY SCHEDULE

Location Number	Location of Described Premises	Limit of Insurance* Coverage A - Buildings	Limit of Insurance* Coverage B - Business Personal Property	Seasonal Increase-Business Personal Property
001	455 STRATHMORE LN APT 103 LAFAYETTE CO 80026-2175	No Coverage	\$ 26,100	25%

* 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: N/A
 Cov B - Consumer Price Index: 257.3

SECTION I - DEDUCTIBLES

Basic Deductible \$2,500

Special Deductibles:

Equipment Breakdown \$2,500

Other deductibles may apply - refer to policy.



RENEWAL DECLARATIONS (CONTINUED)

Artisan And Service Contractor Policy for WELL GROUNDED ELECTRIC
 Policy Number 96-B7-C738-5


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%
Money Orders And Counterfeit Money	\$1,000
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

Prepared
 NOV 25 2019
 CMP-4000

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RENEWAL DECLARATIONS (CONTINUED)

Artisan And Service Contractor Policy for WELL GROUNDED ELECTRIC
Policy Number 96-B7-C738-5

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
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

SECTION II - DEDUCTIBLES

Business Liability - Property Damage \$500
 Other deductibles may apply - refer to policy.

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	\$100,000
AGGREGATE LIMITS	LIMIT OF INSURANCE
Products/Completed Operations Aggregate	\$2,000,000



RENEWAL DECLARATIONS (CONTINUED)

Artisan And Service Contractor Policy for WELL GROUNDED ELECTRIC
Policy Number **96-B7-C738-5**

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.

0307-ST--0001

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-6999.2 *Terrorism Insurance Cov Notice
- CMP-4600 Artisan and Service Contractor
- CMP-4206.1 Amendatory Endorsement
- FE-3650 Actual Cash Value Endorsement
- CMP-4561.1 Policy Endorsement
- CMP-4791 Addl Insd State Political Perm
- CMP-4787 Waiver of Trans Rgt of Recov
- CMP-4785 Addl Ins Owners Lessee Blkt
- CMP-4786 Addl Insd Owners Lessee Sched
- FD-6007 Inland Marine Attach Dec
- * New Form Attached

SCHEDULE OF ADDITIONAL INTERESTS

Interest Type: Addl Insured-Section II
Endorsement #: CMP4791
Loan Number: N/A

Interest Type: Addl Insured-Section II
Endorsement #: CMP4786
Loan Number: N/A

CITY OF BOULDER
PO BOX 791
BOULDER CO 803060791

FIDELITY NATIONAL HOME
WARRANTY
PO BOX 8127
WALNUT CREEK CA 945968127

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RENEWAL DECLARATIONS (CONTINUED)

Artisan And Service Contractor Policy for WELL GROUNDED ELECTRIC
 Policy Number 96-B7-C738-5

Interest Type: Addl Insured-Section II
 Endorsement #: CMP4791
 Loan Number: N/A

TOWN OF FIRESTONE
 8308 COLORADO BLVD STE 200
 FIRESTONE CO 805046806

Interest Type: Addl Insured-Section II
 Endorsement #: CMP4786
 Loan Number: N/A

F14 PRODUCTIONS INC
 703 3RD AVE STE 101
 LONGMONT CO 805015996

Interest Type: Addl Insured-Section II
 Endorsement #: CMP4786
 Loan Number: N/A

HAWKSTONE OF WYOMING INC
 DBA HAWKSTONE BUILDERS
 7046 RUIDOSO DR
 WINDSOR CO 805507062

SCHEDULE OF OPERATIONS

Description of Operations	Stat Class	Premium Base * / Estimated Exposure	Section II Estimated Premium
ELECTRICAL WORK - WITHIN BUILDINGS - RESIDENTIAL & LIGHT COMMERCIAL - INCLUDES WIRING OF BUILDINGS, INSTALLATION OR REPAIR OF ELECTRICAL FIXTURES AND INCIDENTAL OUTSIDE WORK	232	P. 28500	\$ 636.00

*PREMIUM BASES
 P. PER \$1000 PAYROLL
 I. PER \$1000 TOTAL COST

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RENEWAL DECLARATIONS (CONTINUED)

Artisan And Service Contractor Policy for WELL GROUNDED ELECTRIC
Policy Number 96-B7-C738-5



0407-ST-0001

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. Youell
Secretary

Michael J. Lipson
President

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.



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A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

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WELL GROUNDED ELECTRIC
SERVICES LLC
967 CLOVER CIR
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INLAND MARINE ATTACHING DECLARATIONS

Policy Number	96-B7-C738-5	
Replaces Number	96-B7-C043-0	
Policy Period	Effective Date	Expiration Date
1 Year	JAN 23 2020	JAN 23 2021
The policy period begins and ends at 12:01 am standard time at the premises location.		

0507-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-8743.1 Inland Marine Computer Prop
- FE-8756.1 Installation Endorsement
- FE-8760 Mobile Equipment Form

See Reverse for Schedule Page with Limits

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NOV 25 2019
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	\$ 25,000	\$ 500	Included
FE-8760	Mobile Equipment Form	\$ 10,000	\$ 500	Included
FE-8756.1	Installation Endorsement	\$ 5,000	\$ 500	Included
	Property in Transit	\$ 5,000		
	Number of Job-Sites: 1			

OTHER LIMITS AND EXCLUSIONS MAY APPLY - REFER TO YOUR POLICY

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NOV 25 2019
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 2015, this disclosure is part of your policy.

FE-6999.2 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 2015, 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 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 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on

January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019; and 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.

Important Information on How Your Contractor General Liability Premium is Determined and the Audit Process

When your policy was issued, the liability portion of the premium was based on an **estimate** of your business operations and your workers' payroll.

At the end of the policy period, an audit will be performed to determine your **actual** payroll and business operations. We will be able to calculate the final premium from this information.

The Audit Process

A review of your financial records, such as payroll logs, general ledgers and tax returns will be required. A State Farm® representative will contact you by mail, telephone, or visit with you in person to obtain the information. It is to your benefit to have your accounting records set up by employee and type of work they perform. We will also obtain a complete description of your business operations to confirm the classifications on your policy are correct.

We will assign the payroll to the classification codes that represent the type of work performed and apply any credits, debits or discounts to determine your final premium. The final audit premium will be compared to the estimated premium and a Premium Adjustment Statement will be sent to you reflecting any change. Please note that a significant change may require that we also adjust your current policy premium.

Items That Affect Your Premium

- **Sole Proprietor/Partner/Officer** – In most instances, a predetermined amount will be used for each sole proprietor/partner/officer regardless of their **actual** remuneration.
- **Employees/Temporary Employees/Leased Employees** – Actual remuneration paid to each employee, temporary employee and/or leased employee. If temporary or leased employee's remuneration cannot be determined from your records, then 100% of the total contract cost will be used as the remuneration for these employees, regardless of the temporary or leasing company's insurance arrangements.
 - *Remuneration means all payroll and other forms of earnings such as bonuses, commissions, sick days, meals and lodging.*
- **Use of Subcontractors** – Certificates of liability insurance need to be obtained annually for every subcontractor you hire so that proper classification of job costs can be made. If they are not obtained, the subcontractor and their employees will be considered as your employees for premium calculation. This could substantially increase your final premium.
- **Business Operations** – The actual remuneration will be assigned to class codes in accordance with industry rules as published by the Insurance Services Office – Premium Audit Advisory Service and applicable State Farm filings.

All audit information provided will be kept confidential.

If you have any questions concerning this information, please contact your State Farm agent.

*The information contained in this document outlines general concepts.
Information required may vary by state and could be impacted by state law.*

IMPORTANT NOTICE . . . Data Compromise Coverage Now Available

Nearly all businesses collect and retain personal information about their clients, employees and business associates. Yet many businesses lack the resources to respond effectively in the event this data is stolen or released when it is in their care, custody or control.

If a data breach occurs, a business may be required to notify all parties who were affected by the breach, effectively communicate the nature of the loss or disclosure and, if warranted, provide credit monitoring assistance and identity restoration case management service to those affected. Many states already require businesses to provide these services.

Data Compromise coverage may help a business respond to the expense of service obligations following a covered data breach.

Coverage Summary

Data Compromise coverage is designed to help a business investigate a data breach, notify individuals and provide credit monitoring, case management and other services that help prevent identity theft and fraud following a covered breach of non-public personal information. Data Compromise coverage may be available for certain necessary and reasonable expenses including:

- Legal and forensic information technology reviews;
- Notification to affected individuals; and
- Service to affected individuals including:
 - Informational materials;
 - Toll-free help line;
 - Credit report monitoring; and
 - Identity restoration case management.

If you choose to purchase Data Compromise coverage, Identity Restoration coverage will be included for your business.

No one can predict if a covered data breach will occur, but you are able to protect your business from certain response costs a breach may create. If you are interested in adding Data Compromise coverage to your policy, contact your State Farm® agent to see if your business qualifies.

553-3447.1 (C)



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3 Ravinia Drive
Atlanta GA 30346-2117

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M-20- 1994-FB05

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WELL GROUNDED ELECTRIC
SERVICES LLC
967 CLOVER CIR
LAFAYETTE CO 80026-1775



BALANCE DUE NOTICE

POLICY NUMBER 96-B7-C738-5
Artisan And Service Contractor Policy

DATE DUE PLEASE PAY THIS AMOUNT
SEE NOTE SEE NOTE

Full payment by Date Due continues this policy to JAN 23 2021

ST-0101-0001

PREMIUM \$ 1,090.00

Location: 455 STRATHMORE LN APT 103
LAFAYETTE CO 80026-2175

Important Message(s)

NOTE:

Do not pay. Payment is being made through State Farm Payment Plan. Account # 1200900420

17 2442 3250

See reverse for important information.
Please keep this part for your record.
Prepared NOV 25 2019

Agent PAUL J HULTGREN INS AGENCY INC
Telephone (303) 665-9465

Please fold and tear here

MOVING? PLEASE SEE YOUR STATE FARM AGENT. M-1994-FB05

INSURED WELL GROUNDED ELECTRIC SERVICES LLC

POLICY NUMBER 96-B7-C738-5 CONTRACTORS

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

DATE DUE PLEASE PAY THIS AMOUNT
SEE NOTE SEE NOTE

2009002223

For office use only

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Prepared: NOV 25 2019
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