PO Box 2915 Bloomington, IL 61702-2915



200 NORTH MAIN LLC 1454 S HERON POINTE LN EAGLE ID 83616-5581 State Farm Fire and Casualty Company
A stock company with home offices in Bloomington, Illinois

Your State Farm Agent

Jared Stokes

3210 E Chinden Blvd Suite 108 Eagle ID 83616-6764

Bus: 208-887-0910

Email: jared.stokes.r79s@statefarm.com

Renewal Declarations

Policy number: 93-AJ-2980-2 Policy period: 12 months

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

Effective date: July 29, 2024 Expiration date: July 29, 2025

BUSINESSOWNERS POLICY

Automatic renewal - If the State Farm® 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.

NAMED INSURED

200 NORTH MAIN LLC

ENTITY

Limited Liability Company

POLICY PREMIUM

This is not a bill. If an amount is due, then a separate statement will be sent prior to the due date. The premium(s) shown below is the 12 months premium(s) for the characteristics of the policy as described in this Declarations.

Premium: \$5,070.00 **Total Premium:** \$5,070.00

Discounts applied:

Business Experience Rating

Renewal Discount

Protective Devices

IMPORTANT MESSAGE(S)

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



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	200 N MAIN ST KETCHUM ID 83340	\$2,198,000	\$34,600	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:

233.2

Cov B - Consumer Price Index:

312.3

SECTION I - DEDUCTIBLES

BASIC DEDUCTIBLE

\$10,000

SPECIAL DEDUCTIBLES:

Equipment Breakdown:

\$2,500

Money and Securities:

\$250

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, 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	
Back-up of Sewer or Drain	\$15,000	
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%	



SECTION II - LOCATION SCHEDULE

Location number	Location of described premises
001	200 N MAIN ST
	KETCHUM ID 83340

SECTION II - LIABILITY

Coverage			Limit of Insurance	
Coverage L - Business Liability Per Occurr	ence	egrijaha - A opervez restvar versa a t	\$1,000,000	and to beautiful parel
Coverage M - Medical Expenses	2.995 (3.81		\$5,000 Any One Person	(18 j 18 y 18 y 18 g.)
Damage to Premises Rented to You	305,02		\$300,000	vision rooms
Aggregate Limits		(Martin Control of State 1) (1) State 1)	Limit of Insurance	eriopa at official access?
General Aggregate			\$2,000,000	
Products/Completed Operations Aggregate	9		\$2,000,000	Patosa Organ Up sagn

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.

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

CNIP-4100	businessowners Coverage Form	
CMP-4212.2	Amendatory Endorsement (Idaho)	
CMP-4561.4	Policy Endorsement	
CMP-4705.2	Loss of Income and Extra Expense	
CMP-4706	Back-up of Sewer or Drain	
CMP-4709	Money and Securities	
CMP-4863	Ordinance Or Law - Scheduled Buildings (Business)	
CMP-4990.1	Identity Restoration	
FD-6007	Inland Marine Attaching Declarations	
FE-3650	Actual Cash Value Endorsement	
FE-6999.3	Policyholder Disclosure Notice of Terrorism Insurance Coverage	ıe



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Location number	Location of described premises
001	200 N MAIN ST
	KETCHUM ID 83340

SECTION II - LIABILITY

Coverage			Limit of Insurance	
Coverage L - Business Liability Per Occurrence		\$1,000,000		
Coverage M - Medical Expenses	124 2 134		\$5,000 Any One Person	ogysä - volto sommind
Damage to Premises Rented to You	100,23		\$300,000	vitagorii ronhuiti
Aggregate Limits		(Market Carrier States & Bernela &	Limit of Insurance	e asilgan abalib lawa asil
General Aggregate			\$2,000,000	nit 80 Yregott wastast
Products/Completed Operations Aggregate		\$2,000,000	A become as the second	

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	-



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.

President

Secretary

Lynne M. Yourle

OTHER MESSAGE(S)

NOTICE TO POLICYHOLDER:

For a comprehensive description of coverage 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. 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.