

NO. 90-C5-A147-6

# CRIME POLICY DECLARATIONS FORM A

STATE FARM FIRE AND CASUALTY COMPANY  
2702 IRELAND GROVE RD, BLOOMINGTON IL 61709-0001

1.-2. Named Insured and Mailing Address

a Stock Company with Home Offices in Bloomington, Illinois.

SUMMERFIELD HOMEOWNERS  
ASSOCIATION  
PO BOX 28143  
SAN DIEGO CA 92198-0143

3. Policy Period

From: January 1, 2019

until cancelled, as provided in the policy at  
12:01A.M. Standard Time at your mailing  
address shown above.

This Policy consists of this Declarations Form,  
the Common Policy Conditions, the Crime  
General Provisions Form and the Coverage  
Forms indicated as applicable.

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS  
POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

4. Coverage, Limits of Insurance and Deductible

Coverage Forms Forming Part of This Policy	Limit of Insurance	Deductible Amount
FB-9148.3 CRIME GENERAL PROVISIONS		
IL-0017 11 85 COMMON POLICY CONDITIONS		
FB-9159.1 COVERAGE FORM A-BLANKET	120000	250

5. Endorsements Forming Part of This Policy When Issued:

CR-1026 10 90 NON-COMP OFFICERS AS EMPLOYEES  
FE-9297 01 19 COMP AND FUNDS TRANSFER FRAUD  
CR-1002 01 89 EXCLUDE DESIGNATED PERSONS  
FE-9299 01 19 CA NONCUMULATION LIMITS CONDO

INITIAL  
PREMIUM

\$ 340.00

6. Cancellation of Prior Insurance: By acceptance of this Policy you give us notice cancelling prior policy or bond Nos. \_\_\_\_\_

the cancellation to be effective at the time this Policy becomes effective.

PREPARED  
12/28/2018

Countersigned 1/7/2019  
by Wayne Coulon HAS  
(Authorized Representative)