

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 01/08/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

001/50405	OF DETICIOATE NUM	DED		DEVIOION NUI	ADED	
			INSURER F:			
	TELLURIDE	CO 81435	INSURER E :			
			INSURER D :			
	PO BOX 518		INSURER C:			
	THE FAIRWAY FOUR TOWNHOMES ASSO	CIATION, INC.	INSURER B:			
INSURED			INSURER A:	State Farm Fire and Casualty Company	,	25143
	MONTROSE	CO 81401		INSURER(S) AFFORDING COVERAGE		NAIC#
			PRODUCER CUSTOMER ID):		
State Farm 1 4 1	2019 S TOWNSEND AVE		E-MAIL ADDRESS:	SHELBIE@MIKETRUJILLO.COM		
	MIKE TRUJILLO INSURANCE AGENCY		PHONE (A/C, No, Ext):	970-249-4404	FAX (A/C, No):	
PRODUCER			CONTACT NAME:	SHELBIE LAURITA		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required) 308 ADAMS RANCH ROAD, MOUNTAIN VILLAGE, CO 81435 UNITS 1-24

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

SR TR			INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY LIMITS		LIMITS
	\times	PROPERTY						BUILDING	\$	12,674,184
	CAU	ISES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	\$	
		BASIC	BUILDING 25,000					BUSINESS INCOME	\$	
		BROAD	CONTENTS	_				EXTRA EXPENSE	\$	
	X	SPECIAL	0011121110	96-E4-H509-1	12/31/2023	12/31/2024		RENTAL VALUE	\$	
		EARTHQUAKE	KE 90-E4-H309-1	12/31/2023	12/31/2024	X	BLANKET BUILDING	\$		
		WIND						BLANKET PERS PROP	\$	
		FLOOD						BLANKET BLDG & PP	\$	
									\$	
									\$	
		INLAND MARINI	E	TYPE OF POLICY					\$	
	CAUSES OF LOSS								\$	
		NAMED PERILS		POLICY NUMBER					\$	
									\$	
		CRIME							\$	
	TYPE OF POLICY								\$	
									\$	
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN								\$	
		EQUI MENT DI	LANDOWN						\$	
									\$	
									\$	

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE
	Completed by an authorized State Farm representative. If signature is required, please contact agent.

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