

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 02/07/2024

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.

GRAND JCT,	CO 81501-6404	INSURER D : INSURER E : INSURER F :	
		INSURER D :	
C/O HERITAGE PROPERTY MANAGEMENT		INSURER C:	
		INSURER B:	
DELL DIDOE HOMEOWANEDS ASSOC		INSURER A: State Farm Fire and Casualty Company	25143
Grand Jct,	CO 81505-1451	INSURER(S) AFFORDING COVERAGE	NAIC#
		PRODUCER CUSTOMER ID	
2584 Patterson Rd Ste 1		E-MAIL ADDRESS: eric.lusby.lo1y@statefarm.com	
Pric Lusby		PHONE (A/C, No, Ext): (970) 242-0156 FAX (AC, NO): (970)	242-0157
		CONTACT NAME: Eric Lusby	
	2584 Patterson Rd Ste 1	2584 Patterson Rd Ste 1 Grand Jct, CO 81505-1451 BELLRIDGE HOMEOWNERS ASSOC	Eric Lusby 2584 Patterson Rd Ste 1 Grand Jct, CO 81505-1451 BELLRIDGE HOMEOWNERS ASSOC C/O HERITAGE PROPERTY MANAGEMENT Rich Lusby PHONE (A/C, No, Ext): (970) 242-0156 FAX (AC, NO): (970) E-MAIL ADDRESS: eric.lusby.lo1y@statefarm.com PRODUCER CUSTOMER ID INSURER(S) AFFORDING COVERAGE INSURER A : State Farm Fire and Casualty Company INSURER B : INSURER C :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
REFER TO ACORD 101.

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.

R R		TYPE OF IN	SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
		PROPERTY					BUILDING	\$ \$47,800
	CAL	JSES OF LOSS	DEDUCTIBLES				PERSONAL PROPERTY	\$
		BASIC	BUILDING \$1,000.00				BUSINESS INCOME	\$ SEE ACORD 10
		BROAD	CONTENTS				EXTRA EXPENSE	SEE ACORD 10
		SPECIAL		96-32-0978-0	01/22/2024	04/22/2025	RENTAL VALUE	SEE ACORD 10
		EARTHQUAKE		90-32-0976-0	01/22/2024	01/22/2025	BLANKET BUILDING	\$
Ī		WIND					BLANKET PERS PROP	\$
Ī		FLOOD					BLANKET BLDG & PP	\$
								\$
Ī								\$
		INLAND MARINE	<u> </u>	TYPE OF POLICY				\$
Ī	CAL	JSES OF LOSS						\$
Ī		NAMED PERILS		POLICY NUMBER	1			\$
Ī								\$
		CRIME						\$
	TYF	PE OF POLICY						\$
								\$
1		BOILER & MACH						\$
Ī		EQUIPMENT BR	EAKDOWN					\$
								\$
							1	\$

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

CERTIFICATE HOLDER		CANCELLATION
Heritage Property Managment		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
2650 North Ave Unit 116		AUTHORIZED REPRESENTATIVE
Grand Jct,	CO 81501-6404	IF SIGNATURE IS REQUIRED, PLEASE CONTACT AGENT.

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AGENCY CUSTOMER ID:	
LOC#	

Forms, Ontions and Endorsements:



ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED	
Eric Lusby		BELLRIDGE HOMEO	WNERS ASSOC
POLICY NUMBER			
96-32-0978-0			
CARRIER	NAIC CODE		
State Farm Fire and Casualty Company	25143	EFFECTIVE DATE:	01/22/2024
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ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.		
FORM NUMBER: 24	FORM TITLE: Certificate of Property Insurance	

Unit Owner:

Bellridge Homeowners Assoc C/O Heritage Property Mgmt. - 2650 North Ave Unit 116 - Grand Jct, - CO - 81501-6404 - Unit Loan Number: N/A - Number Of Units: 0036

Association Type: Residential Community Association Policy

Forms, Options and Endorsements:

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CMP-4100	Businessowners Coverage Form	CMP-4206.2	Amendatory Endorsement
FE-6999.3	Terrorism Insurance Cov Notice	CMP-4550	Residential Community Assoc
CMP-4710	Emp Dishonesty \$25,000	CMP-4508	Money and Securities
CMP-4705.2	Loss of Income & Extra Expnse	FE-3650	Actual Cash Value Endorsement
CMP-4561.4	Policy Endorsement		

Coverages:

Business Liability	\$1,000,000
Medical Payments	\$5,000
Products-Completed Operations	\$2,000,000
General Aggregate	\$2,000,000

Coverage

Unless otherwise endorsed, this policy provides replacement cost coverage on described property and common areas detailed within the Association Covenants, Conditions, and Restrictions (CC&Rs) including the following types of property within a unit, regardless of ownership:

1. Fixtures, improvements and alterations that are a part of the building or structure; and

2. Appliances such as those used for refrigerating, ventilating, cooking, dishwashing, laundering, security or housekeeping.

Replacement cost coverage is subject to the terms and conditions of the policy and any endorsements.

Coverage under this policy may have been modified to provide actual cash value coverage rather than replacement cost coverage, or to remove specified property from coverage, if any endorsement containing in its title "ACV" or "Actual Cash Value," or "Additional Property Not Covered" is identified on this Certificate of Insurance.

Endorsements: FE-3650, FE-3653, FE-3658, and FE-3659 (Actual Cash Value) - These endorsements describe what the term "actual cash value" means where used in the policy. *However, these endorsements do not change any replacement cost coverage provided by the policy.*

This policy provides coverage on a standalone/individual condominium association.

Commercial General Liability

State Farm refers to this coverage as Business Liability Coverage. Coverage amount shown is Per Occurrence.

Loss of Rents, Loss of Income and Extra Expense

If this coverage is shown, limits are "Actual Loss Sustained". Contact the agent to confirm the number of day's coverage.