



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
09/08/2023

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.

PRODUCER Jesse Dryer(0750318) 2558 Patterson Rd Grand Junction CO 81505-1423		CONTACT NAME: PHONE (A/C, NO, EXT): 970-444-1111 FAX (A/C, NO): E-MAIL ADDRESS: jdryer@farmersagent.com	
INSURED CEDAR PARK MULTI-FAMILY 2650 NORTH AVE UNIT 116 GRAND JUNCTION CO 81501		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Truck Insurance Exchange	NAIC # 21709
		INSURER B: Farmers Insurance Exchange	21652
		INSURER C: Mid Century Insurance Company	21687
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
471 DAVID CT, FRUITA, CO, 81521

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.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	PROPERTY CAUSES OF LOSS DEDUCTIBLES BASIC BUILDING BROAD 2,500 SPECIAL 2,500 EARTHQUAKE WIND FLOOD	607210270	06/24/2023	06/24/2024	<input checked="" type="checkbox"/> BUILDING	\$ 5,152,100
					<input type="checkbox"/> PERSONAL PROPERTY	\$
					<input type="checkbox"/> BUSINESS INCOME	\$
					<input type="checkbox"/> EXTRA EXPENSE	\$
					<input type="checkbox"/> RENTAL VALUE	\$
					<input type="checkbox"/> BLANKET BUILDING	\$
					<input type="checkbox"/> BLANKET PERS PROP	\$
					<input type="checkbox"/> BLANKET BLDG & PP	\$
	INLAND MARINE	TYPE OF POLICY				\$
	CAUSES OF LOSS					\$
	NAMED PERILS	POLICY NUMBER				\$
	CRIME					\$
	TYPE OF POLICY					\$
	BOILER & MACHINERY/ EQUIPMENT BREAKDOWN					\$
						\$

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/08/2023

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Jesse Dryer(0750318) 2558 Patterson Rd Grand Junction CO 81505-1423	CONTACT NAME: <table style="width: 100%;"> <tr> <td style="width: 50%;"> PHONE (A/C, NO, EXT): 970-444-1111 </td> <td style="width: 50%;"> FAX (A/C, NO): 970-444-1111 </td> </tr> <tr> <td colspan="2"> E-MAIL ADDRESS: jdryer@farmersagent.com </td> </tr> </table>	PHONE (A/C, NO, EXT): 970-444-1111	FAX (A/C, NO): 970-444-1111	E-MAIL ADDRESS: jdryer@farmersagent.com											
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INSR LTR	TYPE OF INSURANCE	ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <table style="width: 100%;"> <tr> <td><input type="checkbox"/> CLAIMS-MADE</td> <td><input checked="" type="checkbox"/> OCCUR</td> </tr> </table>	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR			607210270	06/24/2023	06/24/2024	<table style="width: 100%;"> <tr> <td>EACH OCCURRENCE</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>DAMAGE TO RENTED PREMISES (Ea Occurrence)</td> <td style="text-align: right;">\$ 75,000</td> </tr> <tr> <td>MED EXP (Any one person)</td> <td style="text-align: right;">\$ 5,000</td> </tr> <tr> <td>PERSONAL & ADV INJURY</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>GENERAL AGGREGATE</td> <td style="text-align: right;">\$ 2,000,000</td> </tr> <tr> <td>PRODUCTS - COMP/OP AGG</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> </tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$ 75,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 1,000,000		\$
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						<table style="width: 100%;"> <tr> <td>PER STATUTE</td> <td>OTHER</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>E. L. EACH ACCIDENT</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>E. L. DISEASE - EA EMPLOYEE</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>E. L. DISEASE - POLICY LIMIT</td> <td></td> <td style="text-align: right;">\$</td> </tr> </table>	PER STATUTE	OTHER	\$	E. L. EACH ACCIDENT		\$	E. L. DISEASE - EA EMPLOYEE		\$	E. L. DISEASE - POLICY LIMIT		\$				
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DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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