



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
08/20/2026

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

AGENCY  TIM TINAZA 1425 Hawk Parkway Suite 5 MONTROSE CO 81401	PHONE (A/C, No, Ext): 970-615-7311	COMPANY State Farm Fire and Casualty Company NAIC # 25143
FAX (A/C, No):	E-MAIL ADDRESS: tim.tinaza.fgbu@statefarm.com	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #:		
INSURED Ouray River Park Townhomes Association 2650 NORTH AVENUE SUITE 116 GRAND JUNCTION CO 81501	LOAN NUMBER	POLICY NUMBER 96-EZ-Z064-7 F
	EFFECTIVE DATE 08/19/2026	EXPIRATION DATE 08/19/2027
		☒ CONTINUED UNTIL TERMINATED IF CHECKED
	THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION

LOCATION/DESCRIPTION

1242 CHAMP LANE OURAY CO 81427
1252 CHAMP LANE OURAY CO 81427
1239 PARK ROAD OURAY CO 81427
1231 PARK ROAD OURAY CO 81427

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

PERILS INSURED

BASIC

BROAD

SPECIAL

COVERAGE / PERILS / FORMS

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
A-DWELLING		
1242 CHAMP LANE OURAY, CO 81427	\$1,377,500	
1252 CHAMP LANE OURAY, CO 81427	\$1,377,500	
1239 PARK ROAD OURAY, CO 81427	\$1,753,000	
1231 PARK ROAD OURAY, CO 81427	\$1,753,000	
BUSINESS LIABILITY (PER OCCURANCE)	\$1,000,000	
BUSINESS LIABILITY (PER OCCURANCE)	\$1,000,000	
COVERAGE M - MEDICAL EXPENSES	\$5,000	
		\$10,000

REMARKS (Including Special Conditions)

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.

ADDITIONAL INTEREST

NAME AND ADDRESS HPMGJ 2650 NORTH AVENUE SUITE 116 GRAND JUNCTION CO 81501	ADDITIONAL INSURED MORTGAGEE LOAN #	LENDER'S LOSS PAYABLE	LOSS PAYEE
AUTHORIZED REPRESENTATIVE Completed by an authorized State Farm representative. If signature is required, please contact a State Farm agent.			