

MHOFF

CORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/17/2025

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.

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).

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		R License # 07577						^{C⊤} Brandon				
HUB International Insurance Services (COL) 2000 S. Colorado Blvd							PHONE (A/C, No, Ext): (719) 884-0714 FAX (A/C, No): (866) 290-9290					
		, Suite 150					E-MAIL	ss. brandon	.edwards@	hubinternational.co	m	
		CO 80222					ADDICE			RDING COVERAGE		NAIC #
											mnonii	
							INSURE	R A : Philade	ipnia inder	mnity Insurance Co	npany	18058
Palace Estates Consolidated Condominium								INSURER B:				
			Property Manag			iinium	INSURER C:					
			venue, Suite 11				INSURE	RD:				
			ion, CO 81501				INSURE	RE:				
							INSURE	RF:				
CO	VFR	AGES	CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		'
T IN C	HIS I DICA ERTI	S TO CERTIFY THATED. NOTWITHST	IAT THE POLICIE TANDING ANY R SSUED OR MAY	ES O EQUI PER	F INS IREMI TAIN,	SURANCE LISTED BELOW ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC	CT OR OTHER IES DESCRIE	RED NAMED ABOVE FOR R DOCUMENT WITH RES BED HEREIN IS SUBJEC	THE PO	WHICH THIS
INSR		TYPE OF INSU	RANCE	ADDL	SUBR WVD			POLICY EFF	POLICY EXP	LIMITS		
LTR A	Х	COMMERCIAL GENER		INSD	WVD				(MM/DD/YYYY)			1,000,000
	_		X OCCUR						5/1/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		CLAIIVIS-IVIADE	A OCCOR			PHPK2682025-002		5/1/2025	5/1/2026	PREMISES (Ea occurrence)	\$	5,000
										MED EXP (Any one person)	\$	
										PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGRE <u>GAT</u> E LIMIT A	APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO-	LOC							PRODUCTS - COMP/OP AG	G \$	2,000,000
		OTHER:									\$	
	AUT	OMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO								BODILY INJURY (Per person		
		OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per accide		
		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		
		AUTOS ONLY	AUTOS ONLY							(Per accident)	\$	
Α	v		V .								\$	1,000,000
^	Х	UMBRELLA LIAB	X OCCUR			DULIBOOOSO 004		E/4/202E	E /4 /2026	EACH OCCURRENCE	\$	1,000,000
		EXCESS LIAB	CLAIMS-MADE			PHUB909950-001		5/1/2025	5/1/2026	AGGREGATE	\$	1,000,000
		DED X RETENTION									\$	
	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY	l Y							PER OTH STATUTE ER		
										E.L. EACH ACCIDENT	\$	
	OFFI (Man	PROPRIETOR/PARTNER CER/MEMBER EXCLUDE Idatory in NH)	ED?	N/A						E.L. DISEASE - EA EMPLOY	EE \$	
	If yes	s, describe under CRIPTION OF OPERATION	ONS below							E.L. DISEASE - POLICY LIM		
	DEG	OKII HON OF OF EKATI	OI40 below							E.E. DIOLAGE - I GLIGI LIM	Ψ	
DES FOR	RIPT INF	ION OF OPERATIONS / I	LOCATIONS / VEHIC RPOSES ONLY	LES (ACORE	D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)		
CE	2TIE	ICATE HOLDER					CANO	CELLATION				
<u>UL</u>	<u> </u>	IOATE HOLDER					CAN	JEELA HON				
							SHO	OULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE	CANCE	LED BEFORE
		Pologo Fotati	oo Concelldate	4 C	ade ==	inium	THE	EXPIRATION	N DATE TH	HEREOF, NOTICE WILI		
			es Consolidated			iiiiulli	ACC	ORDANCE WI	TH THE POLIC	CY PROVISIONS.		

2650 North Avenue, Suite 116 Grand Junction, CO 81501

AUTHORIZED REPRESENTATIVE





EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 5/19/2025

	LAIDEIAGE OI I IVO		OITAITOL		5/19/2025		
ADDITIONAL INTEREST N COVERAGE AFFORDED E ISSUING INSURER(S), AUT	PPERTY INSURANCE IS ISSUED AS A MAT IAMED BELOW. THIS EVIDENCE DOES NO BY THE POLICIES BELOW. THIS EVIDENC THORIZED REPRESENTATIVE OR PRODUCER	OT AFFIRMATIVELY OF INSURANCE DO	R NEGATIVELY A	MEND, EXTEND O	R ALTER THE		
AGENCY	PHONE (A/C, No, Ext): (719) 884-0714	COMPANY					
HUB International Insurance 2000 S. Colorado Blvd Tower 2, Suite 150 Denver, CO 80222		Philadelphia Indemnity Insurance Company					
	MAIL DRESS: brandon.edwards@hubinternational.com						
GODE: AGENCY CUSTOMER ID #: PALAEST-01	SUB CODE: License # 0757776	_					
	Consolidated Condominium	LOAN NUMBER		POLICY NUMBER			
c/o Heritage Pro	perty Management			PHPK2682025-002			
2650 North Aven Grand Junction,		EFFECTIVE DATE 5/1/2025	5/1/2026				
		THIS REPLACES PRIOR EVIDENCE DATED:			ED II OFFICIALD		
PROPERTY INFORMATION							
.ocaTiON/DESCRIPTION oc # 0, Bldg # 0, Blanket Limit	s - Various addresses in Palace Estates, Grand	Junction, CO 81504					
NOTWITHSTANDING ANY REVIDENCE OF PROPERTY	NCE LISTED BELOW HAVE BEEN ISSUED TREQUIREMENT, TERM OR CONDITION OF A INSURANCE MAY BE ISSUED OR MAY PERT. IS, EXCLUSIONS AND CONDITIONS OF SUCH	NY CONTRACT OR O AIN, THE INSURANCE A	THER DOCUMENT AFFORDED BY THE	WITH RESPECT TO POLICIES DESCRIB	O WHICH THIS ED HEREIN IS		
COVERAGE INFORMATION		BROAD SPEC					
	COVERAGE / PERILS / FORMS	, = 1.101.12		OUNT OF INSURANCE	DEDUCTIBLE		
oc # 0, Bldg # 0 Blanket Building, Special (Inc	luding theft)			\$44,709,738	\$10,000		
REMARKS (Including Speci	ial Conditions)						
pecial Conditions:							
SEE ATTACHED ACORD 101							
CANCELLATION							
	ABOVE DESCRIBED POLICIES BE CANO NCE WITH THE POLICY PROVISIONS.	ELLED BEFORE THE	E EXPIRATION DA	TE THEREOF, NO	TICE WILL BE		
ADDITIONAL INTEREST							
IAME AND ADDRESS		ADDITIONAL INSURED	LENDER'S LOSS P.	AYABLE LOS	SS PAYEE		
		MORTGAGEE					
	Home Mortgage						
	Street, 20th Floor C 28202-1675	AUTHORIZED REPRESENTATIVE					

LOC #:

ACORD'

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Li HUB International Insurance Services (COL) POLICY NUMBER PHPK2682025-002		NAMED INSURED Palace Estates Consolidated Condominium c/o Heritage Property Management 2650 North Avenue, Suite 116 Grand Junction, CO 81501				
CARRIER	NAIC CODE					
Philadelphia Indemnity Insurance Company	18058	EFFECTIVE DATE: 05/01/2025				

ADDITIONAL REMARKS

Special Conditions:

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 27 FORM TITLE: EVIDENCE OF PROPERTY INSURANCE

Total number of units 191
100% replacement cost
Equipment breakdown included
Ordinance or Law – undamaged portion included in building limit
Ordinance or Law – demolition \$250,000
Ordinance or Law – increased cost of construction \$250,000
Deductible for all perils \$5,000

RE: 514 Estate St., Unit B, Grand Junction, CO 81504