

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

07/30/2024

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.

PRODUCER			CONTACT NAME:	Betsy Kraft		
	LaVonne Gorsuch Insurance Agency, Inc.		PHONE (A/C, No, Ext):	970-243-1117	FAX (A/C, No);	
State Farm	501 Highway 50	E-MAIL ADDRESS:	E-MAIL betey@lgoreuch.com			
		PRODUCER CUSTOMER ID:				
908	Grand Jct	CO 81503		INSURER(S) AFFORDING	G COVERAGE	NAIC#
INSURED	A CONTRACTOR OF THE PROPERTY O		INSURER A:	State Farm Fire and Casua	alty Company	25143
	ALPINE MEADOWS HOMEOWNERS ASSO	INSURER B:				
	2650 NORTH AVE UNIT 116	INSURER C:				
			INSURER D :			
	GRAND JCT	CO 81501-6404	INSURER E :			
			INSURER F:			
			-			11/2/07/2

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

CORNER OF H & 27 RD

GRAND JUNCTION CO 8150

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.

NSR LTR		TYPE OF I	NSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY	LIMITS
	CAU	PROPERTY ISES OF LOSS	DEDUCTIBLES				X	BUILDING PERSONAL PROPERTY	\$ 117,800 \$
		BASIC	BUILDING					BUSINESS INCOME	\$ SEE ACORD 101
	V	BROAD SPECIAL	CONTENTS		2 05/22/2024	05/22/2025			\$ SEE ACORD 101 \$ SEE ACORD 101
Α	^	EARTHQUAKE		96-CF-0183-2			BLANKET BUILDING	\$	
		WIND					_	BLANKET PERS PROP	\$
		FLOOD						BB WW.E. BESO W. T	\$
								<u> </u>	\$
	CAL	INLAND MARIN	E	TYPE OF POLICY					\$
		NAMED PERILS	0	POLICY NUMBER					\$
		CRIME							\$
	TYP	E OF POLICY					-	1	\$
		BOILER & MAC							\$
		EQUIPMENT BR	REAKDOWN						\$
		**************************************							\$
								STATE OF THE STATE	\$

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 MANAGEMENT 2650 NORTH AVE, SUITE 116		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
GRAND JCT	CO 81501	AUTHORIZED REPRESENTATIVE The start of the		

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	AGENCY CUSTOMER ID:		
	LOC#:	<u> </u>	
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ADDITIONAL REMARK

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AGENCY		NAMED INSURED		
LaVonne Gorsuch		ALPINE MEADOWS HOMEOWNERS ASSOCIATION INC 2650 NORTH AVE UNIT 116		
POLICY NUMBER				
96-CF-0183-2				
CARRIER	NAIC CODE	GRAND JCT, CO 81501-6404		
State Farm Fire and Casualty Company	25143	EFFECTIVE DATE: 05/22/2024		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM TITLE: Certificate of Property Insurance FORM NUMBER: 24

CORNER OF H & 27 RD 40 UNITS

orms, Options	and Endorsements:		
Number	Description	Number	Description
CMP-4100	BUSN COVG FORM	CMP-4815	D&O LIAB
CMP-4206.2	AMENDATORY END	FE-6999.3	TERRORISM NOTE
CMP-4550	RES COMM END	CMP-4746.1	HIRED AUTO LIA
CMP-4710	EMPL DISHON	FE-8739	IM CONDITIONS
FD-6007	IM ATTACH DEC	FE-8743.1	IM COMP PROP
CMP-4508	MONEY & SECUR	CMP-4705.2	LOSS OF INCOME
FE-3650	ACV END	CMP-4561.4	POLICY ENDORSE

Coverages:

Coverage information A-BUILDING 117,800

LOSS INC 12 MONTH

L-BUSN LIAB 1.000,000 GEN AGGREGT 2,000,000 PCO AGGREGT 2,000,000

M-MED/PERSN 5,000

AUX 33,100

Deductibles applied:1000 ALL PER OTHER DED MAY APPLY

Coverage:

Unless otherwise endorsed, this policy provides replacement cost coverage on described property and common areas detailed within the Association bylaws 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

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.