



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
04/01/2024

**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.**

<b>PRODUCER</b> LaVonne Gorsuch 501 Highway 50  Grand Jct, CO 81503-1907	<b>CONTACT NAME:</b> LaVonne Gorsuch <b>PHONE (A/C, No, Ext):</b> (970) 243-1117 <b>E-MAIL ADDRESS:</b> lavonne.gorsuch.gopp@statefarm.com <b>PRODUCER CUSTOMER ID</b>	<b>FAX (AC, NO):</b> (970) 245-9839	
	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> HAMLET AT FOUNTAIN GREENS ASSN INC C/O HERITAGE PROPERTY 2650 NORTH AVE UNIT 116  GRAND JCT, CO 81501-6404	<b>INSURER A :</b> State Farm Fire and Casualty Company		<b>NAIC #</b> 25143
	<b>INSURER B :</b>		
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

**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.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS		
<input checked="" type="checkbox"/>	<b>PROPERTY</b>	96-G5-7517-2	03/05/2024	03/05/2025	<input checked="" type="checkbox"/> BUILDING	\$		
	CAUSES OF LOSS DEDUCTIBLES							\$
	BASIC BUILDING							\$
	BROAD CONTENTS							\$ SEE ACORD 101
<input checked="" type="checkbox"/>	SPECIAL							\$ SEE ACORD 101
	EARTHQUAKE							\$ SEE ACORD 101
	WIND							\$
	FLOOD							\$
								\$
								\$
	<b>INLAND MARINE</b>	TYPE OF POLICY				\$		
	CAUSES OF LOSS	POLICY NUMBER				\$		
	NAMED PERILS					\$		
						\$		
	<b>CRIME</b>					\$		
	TYPE OF POLICY					\$		
						\$		
<input checked="" type="checkbox"/>	<b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>					\$		
						\$		
						\$		
						\$		

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 Unit 116  Grand Jct, CO 81501-6404	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p>IF SIGNATURE IS REQUIRED, PLEASE CONTACT AGENT.</p>
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**ADDITIONAL REMARKS SCHEDULE**

AGENCY LaVonne Gorsuch		NAMED INSURED HAMLET AT FOUNTAIN GREENS ASSN INC	
POLICY NUMBER 96-G5-7517-2			
CARRIER State Farm Fire and Casualty Company	NAIC CODE 25143	EFFECTIVE DATE: 03/05/2024	

**ADDITIONAL REMARKS**

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

**Unit Owner:**  
 none - none - grand jct, - CO - 81505 - Unit Loan Number:none - Number Of Units:

**Association Type:** Residential Community Association Policy

**Forms, Options and Endorsements:**

CMP-4100      Businessowners Coverage Form  
 FE-6999.3      Terrorism Insurance Cov Notice  
 CMP-4550      Residential Community Assoc  
 CMP-4561.4      Policy Endorsement

**Forms, Options and Endorsements:**

CMP-4206.2      Amendatory Endorsement  
 CMP-4815      Dir & Officers \$1,000,000  
 FE-3650      Actual Cash Value 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:

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