



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
01/06/2026

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 219A EAST MAIN STREET MONTROSE CO 81401	PHONE (A/C, No, Ext): 970-615-7311	COMPANY State Farm Fire and Casualty Company	NAIC # 25143
FAX (A/C, No): 970-615-7314	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-Z064-7F	
	EFFECTIVE DATE 08/19/2024	EXPIRATION DATE 08/19/2026	<input checked="" type="checkbox"/> 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 1231 PARK ROAD OURAY, CO 81427 1239 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	AMOUNT OF INSURANCE	DEDUCTIBLE
A-DWELLING		
1242 CHAMP LANE OURAY, CO 81427	\$1,321,600	
1252 CHAMP LANE OURAY, CO 81427	\$1,321,600	
1239 PARK ROAD OURAY, CO 81427	\$1,681,900	
1231 PARK ROAD OURAY, CO 81427	\$1,681,900	
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)

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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	<input checked="" type="checkbox"/> ADDITIONAL INSURED MORTGAGEE LOAN #	LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
AUTHORIZED REPRESENTATIVE Completed by an authorized State Farm representative. If signature is required, please contact a State Farm agent.			