



# 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 CONFERNS 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 <b>StateFarm</b>  TIM TINAZA 219A EAST MAIN STREET MONTROSE	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	CO 81401	LOAN NUMBER 96-EZ-Z064-7F	POLICY NUMBER 96-EZ-Z064-7F
GRAND JUNCTION	CO 81501	EFFECTIVE DATE 08/19/2024	EXPIRATION DATE 08/19/2026
THIS REPLACES PRIOR EVIDENCE DATED:  <input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED			

## 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	<input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> MORTGAGEE	LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
GRAND JUNCTION	CO 81501	LOAN #	
AUTHORIZED REPRESENTATIVE Completed by an authorized State Farm representative. If signature is required, please contact a State Farm agent.			