



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

08/21/2020

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>		<b>CONTACT NAME:</b> LaVonne Gorsuch	
	LaVonne Gorsuch	<b>PHONE (A/C. No. Ext):</b> (970) 243-1117	<b>FAX (A/C. No.):</b> (970) 245-9839
	501 Highway 50	<b>E-MAIL ADDRESS:</b> lavonne.gorsuch.gopp@statefarm.com	
Grand Jct,	CO 81503-1907	<b>PRODUCER CUSTOMER ID:</b>	
<b>INSURED</b>		<b>INSURER(S) AFFORDING COVERAGE</b>	
Brookside Hoa 2650 North Ave Unit 116	Grand Jct, CO 81501-6404	<b>INSURER A:</b> State Farm Fire and Casualty Company	
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
		<b>NAIC #</b>	25143

**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-BC-J631-7	04/16/2020	04/16/2021	<input checked="" type="checkbox"/> BUILDING PERSONAL PROPERTY BUSINESS INCOME EXTRA EXPENSE RENTAL VALUE BLANKET BUILDING BLANKET PERS PROP BLANKET BLDG & PP	\$ \$21,000			
	CAUSES OF LOSS					DEDUCTIBLES			\$
	BASIC					BUILDING			\$
	BROAD					\$1,000			\$ SEE ACORD 101
<input checked="" type="checkbox"/>	SPECIAL					CONTENTS			\$ 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	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  IF SIGNATURE IS REQUIRED, PLEASE CONTACT AGENT.

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**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> LaVonne Gorsuch		<b>NAMED INSURED</b> Brookside Hoa	
<b>POLICY NUMBER</b> 96-BC-J631-7			
<b>CARRIER</b> State Farm Fire and Casualty Company	<b>NAIC CODE</b> 25143	<b>EFFECTIVE DATE:</b> 04/16/2020	

**ADDITIONAL REMARKS**

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

**Unit Owner:**

Not Listed - 2983 Summerbrook Dr - Grand Jct, - CO - 81504-6999 - Unit Loan Number:NA - Number Of Units: 0118

**Association Type:** Residential Community Association Policy

**Forms, Options and Endorsements:**

CMP-4100 Businessowners Coverage Form  
 CMP-4206.1 Amendatory Endorsement  
 CMP-4550 Residential Community Assoc  
 CMP-4508 Money and Securities  
 FE-3650 Actual Cash Value Endorsement

**Forms, Options and Endorsements:**

CMP-4815 Dir & Officers \$1,000,000  
 FE-6999.2 Terrorism Insurance Cov Notice  
 CMP-4710 Emp Dishonesty \$25,000  
 CMP-4705.2 Loss of Income & Extra Expnse  
 CMP-4561.1 Policy 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 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 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.