

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 02/07/2024

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.

State Farm Eric Lusby 2584 Patterson Rd Ste 1 Grand Jct, INSURED TRAILS WEST VILLAGE HOMEOWNE 2650 NORTH AVE UNIT 116 GRAND JCT,			
2584 Patterson Rd Ste 1 Grand Jct, INSURED TRAILS WEST VILLAGE HOMEOWNE 2650 NORTH AVE UNIT 116	CO 81501-6404	INSURER F:	
2584 Patterson Rd Ste 1 Grand Jct, INSURED TRAILS WEST VILLAGE HOMEOWNE	00 04504 0404	INSURER E :	
2584 Patterson Rd Ste 1 Grand Jct, INSURED TRAILS WEST VILLAGE HOMEOWNE		INSURER D:	
2584 Patterson Rd Ste 1 Grand Jct, INSURED TRAILS WEST VILLAGE HOMEOWNE		INSURER C:	
2584 Patterson Rd Ste 1 Grand Jct, INSURED	cno	INSURER B:	
2584 Patterson Rd Ste 1	-De	INSURER A: State Farm Fire and Casualty Company	25143
Eno Edoby	CO 81505-1451	INSURER(S) AFFORDING COVERAGE	NAIC#
Eno Edoby		PRODUCER CUSTOMER ID	
Enc Lusby		E-MAIL ADDRESS: eric.lusby.lo1y@statefarm.com	
StateFarm Fric Lushy		PHONE (A/C, No, Ext): (970) 242-0156 FAX (AC, NO): (970)	242-0157
PRODUCER		CONTACT NAME: Eric Lusby	

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

	TYPE OF IN	SURANCE	POLICY NUMBER		POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	PROPERTY					BUILDING	\$ \$54,200
C.	AUSES OF LOSS	DEDUCTIBLES				PERSONAL PROPERTY	\$
	BASIC	BUILDING \$1,000.00				BUSINESS INCOME	\$ SEE ACORD
	BROAD	CONTENTS	-			EXTRA EXPENSE	\$ SEE ACORD
	SPECIAL		96-GT-1528-4	10/20/2022	12/20/2024	RENTAL VALUE	s SEE ACORD
	EARTHQUAKE		90-G1-1526-4	12/30/2023	12/30/2023 12/30/2024	BLANKET BUILDING	\$
	WIND		7			BLANKET PERS PROP	\$
	FLOOD					BLANKET BLDG & PP	\$
					1	\$	
						1	\$
	INLAND MARINE		TYPE OF POLICY				\$
С	AUSES OF LOSS					1	\$
	NAMED PERILS		POLICY NUMBER			1	\$
						1	\$
	CRIME						\$
Т	YPE OF POLICY					1	\$
						1	\$
	BOILER & MACH						\$
	☐ EQUIPMENT BR	EAKDOWN				1	\$
							\$
						1	\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) REFER TO ACORD 101.

ERTIFICATE HOLDER		CANCELLATION	
Heritage Property Management		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
2650 North Ave Unit 116		AUTHORIZED REPRESENTATIVE	
Grand Jct,	CO 81501-6404	IF SIGNATURE IS REQUIRED, PLEASE CONTACT AGENT.	

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AGENCY CUSTOMER ID:	
LOC#	



ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED	
Eric Lusby		TRAILS WEST VILLA	GE HOMEOWNERS
POLICY NUMBER			
96-GT-1528-4			
CARRIER	NAIC CODE		
State Farm Fire and Casualty Company	25143	EFFECTIVE DATE:	12/30/2023

ADDITIONAL REMARKS

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

Unit Owner:

CMP-4100

FE-6999.3

CMP-4710

CMP-4206.2

Trails West Village Homeowners - 2650 North Ave Unit 116 - Grand Jct, - CO - 81501-6404 - Unit Loan Number: N/A - Number Of Units: 0059

\$25,000

Association Type: Residential Community Association Policy

Forms, Options and Endorsements:

Forms, Options and Endorsements:				
Option DO	Dir & Officers	\$1,000,000		
CMP-4815	Dir & Officers	\$1,000,000		
CMP-4550	Residential Comr	nunity Assoc		
CMP-4508	Money a	nd Securities		

Actual Cash Value Endorsement

CMP-4705.2 Loss of Income & Extra Expnse CMP-4561.4 Policy Endorsement

Coverages:

\$1,000,000
\$5,000
\$2,000,000
\$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:

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

FE-3650

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.

Businessowners Coverage Form

Terrorism Insurance Cov Notice

Emp Dishonesty

Amendatory Endorsement

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.