

CERTIFICATE OF LIABILITY INSURANCE

TCORNEJO

DATE (MM/DD/YYYY) 6/3/2024

PALAEST-01

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

tł	is certificate does not confer rights to	o the	cert	ificate holder in lieu of su	ıch end	dorsement(s)					
PRO	DUCER License # 0757776				CONTA NAME:	^{C⊤} Brandon	Edwards				
HUB International Insurance Services (COL) 2000 S. Colorado Blvd						PHONE (A/C No. Ext): (719) 884-0714 FAX (A/C No.): (866) 290-9290					
Z000 S. Colorado Bivo Tower 2, Suite 150					E-MAIL ADDRESS: brandon.edwards@hubinternational.com						
Den	ver, CO 80222				7,55,11			RDING COVERAGE		NAIC #	
					INSLIDE			nnity Insurance	Compan		
INSURED								inney incurance	oopu	10000	
Palace Estates Consolidated Condominium c/o Heritage Property Management						INSURER B:					
						INSURER D:					
2650 North Avenue, Suite 116 Grand Junction, CO 81501											
					INSURER E:						
					INSURE	RF:					
				E NUMBER:				REVISION NUMB			
١N	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY	EQU	IREM	ENT, TERM OR CONDITIO	N OF A	ANY CONTRAC	CT OR OTHER	R DOCUMENT WITH	RESPECT	TO WHICH THIS	
	XCLUSIONS AND CONDITIONS OF SUCH								JECT TO A	ILL THE TERIVIS,	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD				5/1/2025	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			PHPK2547844		5/1/2024		DAMAGE TO RENTED PREMISES (Ea occurre		100,000	
						0,1,12021	0,1,2020			5,000	
								MED EXP (Any one pers		1.000.000	
								PERSONAL & ADV INJU		2,000,000	
	X POLICY PRO- JECT LOC							GENERAL AGGREGAT		2,000,000	
								PRODUCTS - COMP/OI		_,,,,,,,	
	OTHER:							COMBINED SINGLE LIN	MIT .		
	AUTOMOBILE LIABILITY							(Ea accident)	\$		
	ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per pe			
								BODILY INJURY (Per ac			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
Α.									\$	1 000 000	
Α	X UMBRELLA LIAB X OCCUR			DI II DOGGOSO		E/4/2024	F /4 /000F	EACH OCCURRENCE	\$	1,000,000 1,000,000	
	EXCESS LIAB CLAIMS-MADE	-		PHUB909950		5/1/2024	5/1/2025	AGGREGATE	\$	1,000,000	
	DED X RETENTION \$ 10,000							DED	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$		
								E.L. DISEASE - EA EMP	PLOYEE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY	LIMIT \$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)			
ınıs	section intentionally left blank.										
CF	RTIFICATE HOLDER				CANO	CELLATION					
<u> </u>	WILLIAM FOR THE PROPERTY OF TH				CAN	AIION					
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
	For Informational Purposes		THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
		,			1	CUDANCE MI	IIIE FOLK	J. I NOVIDIONS.			
					AUTHO	RIZED REPRESE	NTATIVE				
						NIZED REPRESE	NIAIIVE				





EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

5/31/2024 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. PHONE (A/C, No, Ext): (720) 207-2373 Philadelphia Indemnity Insurance Company **HUB International Insurance Services (COL)** Issuing company 2000 S. Colorado Blvd Tower 2, Suite 150 **Denver, CO 80222** E-MAIL ADDRESS: katie.jasko@hubinternatioanl.com FAX (A/C, No): (866) 243-0727 CODE SUB CODE: AGENCY CUSTOMER ID #: PALAEST-01 License # 0757776 **Palace Estates Consolidated Condominium** INSURED LOAN NUMBER POLICY NUMBER c/o Heritage Property Management PHPK2547844 2650 North Avenue, Suite 116 FFFECTIVE DATE **EXPIRATION DATE Grand Junction, CO 81501** CONTINUED UNTIL TERMINATED IF CHECKED 5/1/2024 5/1/2025 THIS REPLACES PRIOR EVIDENCE DATED: PROPERTY INFORMATION LOCATION/DESCRIPTION Loc # 0, Bldg # 0, Blanket Limits - Various addresses in Palace Estates, Grand Junction, CO 81504 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** COVERAGE / PERILS / FORMS AMOUNT OF INSURANCE DEDUCTIBLE Loc # 0. Blda # 0 Blanket Building, Special (Including theft) \$44,709,738 \$5,000 Blanket Business Income, Special (Including theft) \$1,260,830 REMARKS (Including Special Conditions) **Special Conditions: SEE ATTACHED ACORD 101 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 ADDITIONAL INSURED LENDER'S LOSS PAYABLE LOSS PAYER MORTGAGEE I OAN # For Informational Purposes Only **AUTHORIZED REPRESENTATIVE**

LOC #:

ACORD°

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Lic HUB International Insurance Services (COL) POLICY NUMBER PHPK2547844		NAMED INSURED Palace Estates Consolidated Condominium c/o Heritage Property Management 2650 North Avenue, Suite 116 Grand Junction, CO 81501
CARRIER	NAIC CODE	
Philadelphia Indemnity Insurance Company	18058	EFFECTIVE DATE: 05/01/2024

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 27 FORM TITLE: EVIDENCE OF PROPERTY INSURANCE

Special Conditions:
Total number of units 192

Agreed value, replacement cost
Equipment breakdown included
Ordinance or Law – undamaged portion included in building limit
Ordinance or Law – demolition \$250,000
Ordinance or Law – increased cost of construction \$250,000
Deductible for all perils \$5,000