



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
10/03/2023

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 State Farm Insurance Sean Brumelle, Agent 2910 I-70 Business Loop Grand Junction, CO 81504		PHONE (A/C, No, Ext): 970-523-9700		COMPANY State Farm Causality Company		NAIC # <input type="text"/>	
FAX (A/C, No): 970-523-6700		E-MAIL ADDRESS: cassie@brumelle.com					
CODE: 06-2776		SUB CODE:					
AGENCY CUSTOMER ID #:							
INSURED Pheasant Ridge Estates C/O Heritage Property Mgmt 2650 North Ave Unit 116 Grand Jct, CO 81501				LOAN NUMBER		POLICY NUMBER 96-EF-6453-3	
				EFFECTIVE DATE 08/17/2023		EXPIRATION DATE 08/17/2024	
						<input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:							

PROPERTY INFORMATION

LOCATION/DESCRIPTION
 2489 Springstide Ct
 Grand Junction, CO

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
 Condominium

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
A-BUILDING	\$97,100	\$1000
L- BUSN LIAB	\$500,000	\$1000
GEN AGGREGT	\$100,000	See Policy
PCO AGGREGT	\$100,000	See Policy
AUX	\$11,000	See Policy
M-MED/PERS	\$5,000	See Policy

REMARKS (Including Special Conditions)

CMP-4100 BUSN COVG FORM CMP-4206.2 AMENDATORY END
 CMP-4815 D&O LIAB FE-6999.3 TERRORISM NOTE
 CMP-4550 RES COMM END CMP-4746.1 HIRED AUTO LIA
 CMP-4710 EMPL DISHON FE-8739 IM CONDITIONS
 FD-6007 IM ATTACH DEC FE-8743.1 IM COMP PROP
 Annual Premium: \$721.00 - paid 07/03/2023

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 PAYEE
	MORTGAGEE		
LOAN #			
AUTHORIZED REPRESENTATIVE 			