




CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
07/30/2024

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.

PRODUCER  LaVonne Gorsuch Insurance Agency, Inc. 501 Highway 50 Grand Jct CO 81503	CONTACT NAME: Betsy Kraft PHONE (A/C, No, Ext): 970-243-1117 E-MAIL ADDRESS: betsy@lgorsuch.com PRODUCER CUSTOMER ID:	FAX (A/C, No):	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED CHATFIELD II HOA INC C/O HERITAGE PROPERTY MANAGEMENT 2650 NORTH AVE UNIT 116 GRAND JCT CO 81501-6404	INSURER A : State Farm Fire and Casualty Company		25143
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

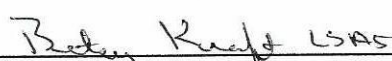
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 CHATFIELD II COMMON AREA, GRAND JCT, CO 81504

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	
A	<input type="checkbox"/>	PROPERTY	96-KW-7482-2	07/26/2024	07/26/2025	<input checked="" type="checkbox"/> BUILDING	\$ 36,000	
	<input type="checkbox"/>	CAUSES OF LOSS				DEDUCTIBLES	<input type="checkbox"/> PERSONAL PROPERTY	\$
	<input type="checkbox"/>	BASIC				BUILDING	<input type="checkbox"/> BUSINESS INCOME	\$ SEE ACORD 101
	<input type="checkbox"/>	BROAD				CONTENTS	<input type="checkbox"/> EXTRA EXPENSE	\$ SEE ACORD 101
	<input checked="" type="checkbox"/>	SPECIAL					<input type="checkbox"/> RENTAL VALUE	\$ SEE ACORD 101
	<input type="checkbox"/>	EARTHQUAKE					<input type="checkbox"/> BLANKET BUILDING	\$
	<input type="checkbox"/>	WIND					<input type="checkbox"/> BLANKET PERS PROP	\$
	<input type="checkbox"/>	FLOOD					<input type="checkbox"/> BLANKET BLDG & PP	\$
	<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY				\$	
	<input type="checkbox"/>	CAUSES OF LOSS					\$	
	<input type="checkbox"/>	NAMED PERILS	POLICY NUMBER				\$	
	<input type="checkbox"/>	CRIME					\$	
	<input type="checkbox"/>	TYPE OF POLICY					\$	
	<input type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$	
	<input type="checkbox"/>						\$	

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

CERTIFICATE HOLDER HERITAGE PROPERTY MANAGEMENT 2650 NORTH AVE, SUITE 116 GRAND JCT CO 81501	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.
	AUTHORIZED REPRESENTATIVE 

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ADDITIONAL REMARKS SCHEDULE

AGENCY LaVonne Gorsuch		NAMED INSURED CHATFIELD II HOA INC	
POLICY NUMBER 96-KW-7482-2			
CARRIER State Farm Fire and Casualty Company	NAIC CODE 25143	EFFECTIVE DATE: 07/26/2024	

ADDITIONAL REMARKS

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

LEFT BLANK-CHATFIELD II COMMON AREA-GRAND JCT, CO 81504-number of units-96

Forms, Options and Endorsements:

Number	Description	Number	Description
CMP-4100	BUSN COVG FORM	CMP-4815	D&O LIAB
CMP-4206.2	AMENDATORY END	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
CMP-4508	MONEY & SECUR	CMP-4705.2	LOSS OF INCOME
FE-3650	ACV END	CMP-4561.4	POLICY ENDORSE

Coverages:

Coverage information

A-BUILDING 36800

LOSS INC 12 MONTH

L-BUSN LIAB 1000000
 GEN AGGREGT 2000000
 PCO AGGREGT 20000000
 M-MED/PERSN 5000
 AUX 36800

Deductibles applied:1000 ALL PER OTHER DED MAY APPLY

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.