

EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY) 07/30/2025

THIS EVIDENCE OF COMMERCIAL 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 ISSUENCE INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUENCE INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN

THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE	E OR	RPR	OD	DUCER, AND THE ADDITIONAL INTEREST.		
PRODUCER NAME, CONTACT PERSON AND ADDRESS (A/C, No, Ext): 970-444-1111	IE No, Ext): 970-444-1111			COMPANY NAME AND ADDRESS NAIC NO: 21709		
Jesse Dryer(0750K18)			Truck Insurance Exchange			
2558 Patterson Rd						
Grand Junction CO	8150	05-1	423	23		
FAX (A/C, No): 970-444-1111 E-MAIL ADDRESS: jdryer@farmersagent.com				IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE: SUB CODE:				POLICY TYPE		
AGENCY CUSTOMER ID #:				Habitational		
NAMED INSURED AND ADDRESS				LOAN NUMBER POLICY NUMBER		
UNAWEEP HEIGHTS HOA INC				607115650		
2650 NORTH AVE UNIT 116				EFFECTIVE DATE EXPIRATION DATE CONTINUED UNTIL		
GRAND JUNCTION CO	8150	01		02/08/2025 02/08/2026 X TERMINATED IF CHECKED		
ADDITIONAL NAMED INSURED(S)				THIS REPLACES PRIOR EVIDENCE DATED:		
PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) ■ BUILDING OR □ BUSINESS PERSONAL PROPERTY						
LOCATION / DESCRIPTION						
2864 GRIZZLY CT	_			700		
GRAND JUNCTION		O 8		NSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING		
				CUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY		
BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE	POLI	ICIES	S DE	DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS		
OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY	т —		AIM:			
COVERAGE INFORMATION PERILS INSURED		SIC		BROAD SPECIAL X		
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$		NO		DED: 5000		
DUCINESS INCOME. TO DENTAL VALUE			N/F			
■ BUSINESS INCOME	×	_				
BLANKET COVERAGE	 	X		If YES, indicate value(s) reported on property identified above: \$		
TERRORISM COVERAGE	X			Attach Disclosure Notice / DEC		
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	₩		X			
IS DOMESTIC TERRORISM EXCLUDED?	 		X			
LIMITED FUNGUS COVERAGE	X			If YES, LIMIT: \$15,000 DED:		
FUNGUS EXCLUSION (If "YES", specify organization's form used)	×			Farmers Proprietary		
REPLACEMENT COST	+^	_				
AGREED VALUE	 	X		ICVEO 00 0/		
COINSURANCE	X			If YES, 80 %		
EQUIPMENT BREAKDOWN (If Applicable)	X			If YES, LIMIT: Included DED:		
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	X			If YES, LIMIT: 1 DED:		
- Demolition Costs	X	_		If YES, LIMIT: 50000 DED:		
- Incr. Cost of Construction	X			If YES, LIMIT: 25000 DED:		
EARTH MOVEMENT (If Applicable)	+	X		If YES, LIMIT: DED:		
FLOOD (If Applicable)	+	X		If YES, LIMIT: DED:		
WIND / HAIL INCL YES NO Subject to Different Provisions:	_	X		If YES, LIMIT: DED: PROPERTY DED		
NAMED STORM INCL YES NO Subject to Different Provisions: PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE	+		X	✓ If YES, LIMIT: DED:		
HOLDER PRIOR TO LOSS						
CANCELLATION						
	BE (CAN	ICE	ELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE		
DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
ADDITIONAL INTEREST						
CONTRACT OF SALE LENDER'S LOSS PAYABLE LOS	S PAY	YEE		LENDER SERVICING AGENT NAME AND ADDRESS		
MORTGAGEE						
NAME AND ADDRESS						
				AUTHORIZED REPRESENTATIVE		
				Amie Coombs		

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