Ą	Ć	ORD		CERTIFICATE OF PROPERTY INSURANCE					DATE (MM/DD/YYYY) 11/09/2023			
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.												
PRO	DUCE	R				en Richards						
Sta	StateFarm Ken Richards					PHONE (A/C, No, Ext): (970) 243-1000 FAX (AC, NO): (970) 245-59						
(2107	N 12th St		E-MAIL ADDRESS: ke PRODUCER	ADDRESS: Keninchards. Kla@staterann.com						
		Grand	1 lot	CO 81501-291	CUSTOMER ID				NAIC #			
	IRED	Giand	J JCI,	60 81501-291	-	INSURER(S) AFFORDING COVERAGE						
	INSURED RED ROCKS SUBDIVISION ASSOCIATION INC					INSURER A : State Farm Fire and Casualty Company						
		2650 NOR	TH AVE UNIT	116	INSURER C :							
						INSURER D :						
						INSURER E :						
		GRAND JO	CT,	CO 81501-6404	INSURER F :	INSURER F :						
		AGES		CERTIFICATE NUMBER:			REVISION NUMBER:					
TI IN C	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,											
E. INSR		JSIONS AND C	ONDITIONS OF S	SUCH POLICIES. LIMITS SHOWN MAY HA	VE BEEN REDUCE	D BY PAID CLAIMS	I					
LTR		TYPE OF IN	SURANCE	POLICY NUMBER		DATE (MM/DD/YYYY)	COVERED PROPERTY		LIMITS			
		PROPERTY					BUILDING	_{\$} \$2,	100			
	CAL	JSES OF LOSS	DEDUCTIBLES	_			PERSONAL PROPERT	\$				
		BASIC	\$1,000.00				BUSINESS INCOME	- T	E ACORD 101			
		BROAD	CONTENTS					- -	E ACORD 101			
		EARTHQUAKE		96-ED-A131-1	09/30/2023	09/30/2024	RENTAL VALUE	Ť	E ACORD 101			
		WIND		-			BLANKET PERS PROP	\$				
		FLOOD		-			BLANKET BLDG & PP	\$				
				_				\$				
				_				\$				
		INLAND MARINE		TYPE OF POLICY				\$				
	CAUSES OF LOSS							\$				
	NAMED PERILS			POLICY NUMBER				\$				
								\$				
		CRIME						\$				
	TYPE OF POLICY						\$					
		BOILER & MACH						\$				
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN							\$				
<u> </u>								\$				
								\$\$				
SPE	CIAL (CONDITIONS / OTI	HER COVERAGES	(ACORD 101, Additional Remarks Schedule, may b	e attached if more spa	ce is required)		\$				
RE	FER	TO ACORD 1	01.									
	RTIF)FR		CANCELLA							
Heritage Property Management					SHOULD AN THE EXPIRA	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 RE	AUTHORIZED REPRESENTATIVE						
						RE IS REQUIRED,	PLEASE CONTACT AC	GENT.				

Grand Jct,

CO 81501-6404

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AGENCY CUSTOMER ID: ______ LOC #: _____



ACORD [®] ADDITIONA		RKS SCHEE	DULE	Page _ 1 _ of _ 1								
AGENCY		NAMED INSURED										
Ken Richards		RED ROCKS SUBDIVISION ASSOCIATION INC										
POLICY NUMBER												
96-ED-A131-1												
CARRIER	NAIC CODE											
State Farm Fire and Casualty Company	25143	EFFECTIVE DATE:	09/30/2023									
ADDITIONAL REMARKS												
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.												
FORM NUMBER: 24 FORM TITLE: Certificate of Property Insurance												
Unit Owner:												
RED ROCKS SUBDIVISION ASSOCIATION INC - 105 Fremont St - Fruita, - CO - 81521-8757 - Unit Loan Number:0 - Number Of Units: 0069												
Association Type: Residential Community Association Policy												
Forms, Options and Endorsements:		Forms, Options a	ind Endorsements:									
CMP-4100 Businessowners Coverage	e Form	CMP-4550	Residential Co	mmunity Assoc								
FE-6999.3 Terrorism Insurance Cov	Notice	CMP-4206.2	Amendator	y Endorsement								
FE-3650 Actual Cash Value Endors	ement	CMP-4561.4	Polic	y Endorsement								
CMP-4705.2 Loss of Income & Extra E	xpnse	CMP-4508	Money	and Securities								
CMP-4815 Dir & Officers \$1,00	00,000	CMP-4710	Emp Dishonest	y \$25,000								
Coverages:												
,	00,000											
	10,000											
	00,000											
General Aggregate \$2,00	00,000											
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 2. Appliances such as those used for refrigerating, ventilating, cooking, dishwashing, laundering, security or housekeeping. 												
Replacement cost coverage is subject to the terms and co	-											
				overage or to								
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. <i>However, these endorsements do not change any replacement cost coverage provided by the policy.</i>												
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.												

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