

# EVIDENCE OF PROPERTY INSURANCE

American Family Insurance Company

American Family Mutual Insurance Company, S.I. if selection box is not checked.  
6000 American Pkwy Madison, Wisconsin 53783-0001

Agent's Name, Address and Phone Number (Agt./Dist.)

James T Lord  
827 RAILROAD AVE  
RIFLE, CO 81650  
(970) 625-4742  
(140/307)

**This is evidence that the company indicated has the following insurance in force and conveys all the rights and privileges afforded under the policy.**

**This certificate does not amend, extend or alter the coverage afforded by the policies listed below.**

Insured's Name and Address:

Luu Lines Plaza Condominium Association  
PO Box 243  
Carbondale, CO 81623

POLICY NUMBER 05-XK4280-01	
EFFECTIVE DATE (MM/DD/YYYY) 04/20/2018	EXPIRATION DATE (MM/DD/YYYY) 04/20/2019

PROPERTY INFORMATION	
PROPERTY LOCATION 123 Village Ln Carbondale, CO 81623-2324	PROPERTY DESCRIPTION (For Business Insurance Only, indicate # of Stories, Construction, Use or Occupancy, Equipment Description/Serial #)

COVERAGES							
Personal Lines - Property		Farm/Ranch Lines		Business Insurance			
Policy Type		Policy Type		Policy Type	Form		
<input type="checkbox"/> HO 1	<input type="checkbox"/> HO 5/GS	<input type="checkbox"/> MH 1	<input type="checkbox"/> DP 01	<input type="checkbox"/> FR 02	<input type="checkbox"/> FR MH 01 (GA)	<input checked="" type="checkbox"/> Businessowners	<input type="checkbox"/> Named Peril
<input type="checkbox"/> HO 2	<input type="checkbox"/> HO 6	<input type="checkbox"/> MH 3	<input type="checkbox"/> DP 02	<input type="checkbox"/> FR 03	<input type="checkbox"/> FR MH 03	<input type="checkbox"/> Business Key	<input type="checkbox"/> Basic
<input type="checkbox"/> HO 3	<input type="checkbox"/> CV 1	<input type="checkbox"/> MHGS	<input type="checkbox"/> BO	<input type="checkbox"/> FR 04		<input type="checkbox"/> Property	<input type="checkbox"/> Broad
<input type="checkbox"/> HO 4	<input type="checkbox"/> CV 3			<input type="checkbox"/> FR 05		<input type="checkbox"/> Inland Marine	<input checked="" type="checkbox"/> Special
Amount of Insurance		Amount of Insurance		Amount of Insurance			
Cov. A Dwelling	\$ _____	Cov. A Dwelling	\$ _____	Building	\$ 1,760,450		
Cov. B Pers. Property	\$ _____	Cov. B Pers. Property	\$ _____	Bus. Pers. Property	\$ 7,697		
Cov. B Other Struct. (Fire & E.C.)	\$ _____	Sec. III Pers. Prop. Blanket	\$ _____	Other	\$ _____		
Cov. C Pers. Prop (Fire & E.C.)	\$ _____	Sec. III Schedule	\$ _____				
Boatowners - Sect. 1	\$ _____	Sec. IV Outbldgs.	\$ _____				
Other	\$ _____	Other	\$ _____				
		Deductible Sec. I	\$ _____	Deductible-Bldg.	\$ 500		
		Deductible Sec. III	\$ _____	Deductible-Bus. Pers. Prop.	\$ 500		
		Deductible Sec. IV	\$ _____	Deductible	\$ _____		

**REMARKS (Including Special Conditions/Endorsements)**

**EFFECTIVE DATE/RENEWAL OF COVERAGE/CANCELLATION**

**EFFECTIVE DATE** - Date additional interest is added.

**RENEWAL OF COVERAGE / CANCELLATION** -This policy may be continued for successive policy periods by payment of the required premium on or before the effective date of each renewal period. If this policy is terminated, the company will give the additional interest identified below written notice. The delivery of this notice shall be subject to the laws of the state where this policy is issued. We will provide the insurance described in this policy in return for your premium payment and compliance with policy provisions.

\* The Expiration Date is changed to read "UNTIL CANCELLED".

ADDITIONAL INTEREST NAME AND ADDRESS	NATURE OF INTEREST	
Luu Lines Plaza Condominium Association PO Box 243 Carbondale, CO 81623	LOAN NUMBER	
	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee <input type="checkbox"/>	
	DATE ISSUED 02/28/2019	AUTHORIZED REPRESENTATIVE James Lord
	<b>TO AGENT: It is very important that you mail a copy to American Family on the day issued, along with the application.</b>	