




EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

05/18/2022

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 ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS  Derron Cloud State Farm Agent 227 CODY LANE UNIT 201 BASALT, CO 81621		PHONE (A/C, No, Ext): 970-927-0419	COMPANY NAME AND ADDRESS State Farm Fire and Casualty Company	NAIC NO: 25143
FAX (A/C, No): CODE: 06 AGENCY CUSTOMER ID #: NAMED INSURED AND ADDRESS RIVERWALK AT THE FRYINGPAN CONDO ASSOCIATION P.O. BOX 3438 BASALT, CO 81621		E-MAIL ADDRESS: SUB CODE: 0002	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH POLICY TYPE BUSINESS CONDO-HOA	
ADDITIONAL NAMED INSURED(S)		LOAN NUMBER	POLICY NUMBER 96-EQ-A100-5F	
		EFFECTIVE DATE 05/01/2022	EXPIRATION DATE 05/01/2023	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
		THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION 227,229,231 Midland Ave Basalt, Co 81621
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	<input checked="" type="checkbox"/> SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 17,707,600					DED: 5000
<input checked="" type="checkbox"/> BUSINESS INCOME	<input checked="" type="checkbox"/> RENTAL VALUE	YES	NO	N/A	If YES, LIMIT: <input checked="" type="checkbox"/> Actual Loss Sustained; # of months: 12
BLANKET COVERAGE		<input checked="" type="checkbox"/>			If YES, indicate value(s) reported on property identified above: \$ 17,707,600
TERRORISM COVERAGE				<input checked="" type="checkbox"/>	Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?				<input checked="" type="checkbox"/>	
IS DOMESTIC TERRORISM EXCLUDED?				<input checked="" type="checkbox"/>	
LIMITED FUNGUS COVERAGE			<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)		<input checked="" type="checkbox"/>			
REPLACEMENT COST		<input checked="" type="checkbox"/>			
AGREED VALUE				<input checked="" type="checkbox"/>	
COINSURANCE				<input checked="" type="checkbox"/>	If YES, %
EQUIPMENT BREAKDOWN (If Applicable)		<input checked="" type="checkbox"/>			If YES, LIMIT: DED: 2500
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		<input checked="" type="checkbox"/>			If YES, LIMIT: 10% DED: 5000
- Demolition Costs		<input checked="" type="checkbox"/>			If YES, LIMIT: 10% DED: 5000
- Incr. Cost of Construction		<input checked="" type="checkbox"/>			If YES, LIMIT: 10% DED: 5000
EARTH MOVEMENT (If Applicable)				<input checked="" type="checkbox"/>	If YES, LIMIT: DED:
FLOOD (If Applicable)				<input checked="" type="checkbox"/>	If YES, LIMIT: DED:
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		<input checked="" type="checkbox"/>			If YES, LIMIT: DED: 5000
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:				<input checked="" type="checkbox"/>	If YES, LIMIT: DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS				<input checked="" type="checkbox"/>	

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		LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input checked="" type="checkbox"/> INFORMATION ONLY		LENDER SERVICING AGENT NAME AND ADDRESS
CONTRACT OF SALE MORTGAGEE				AUTHORIZED REPRESENTATIVE
NAME AND ADDRESS RIVERWALK AT THE FRYINGPAN CONDOMINIUM ASSOCIATION P.O. BOX 3438 BASALT, CO 81621				

© 2003-2015 ACORD CORPORATION. All rights reserved.