

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

EVIDENCE OF THE	DI LIVII II400	IVAINOL	04/0	6/2020
THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT A COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE O ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCE	AFFIRMATIVELY OR NEG F INSURANCE DOES NO	ATIVELY AMEND, T CONSTITUTE A (EXTEND OR ALT	ER THE
AGENCY PHONE (A/C, No, Ext): 303-904-6444	COMPANY NAIC# 25143			
Deces Assess Inc		NAIC# 25145		
State Farm Reece Agency, Inc. 1869 W Littleton Blvd	State Farm Fire and Casualty Company			
Littleton, CO 80120				
AX A/C, No): 303-904-0588 E-MAIL ADDRESS: Kelsey@reeceagency.com				
CODE: SUB CODE:				
GENCY CUSTOMER ID #:				
NSURED	LOAN NUMBER		POLICY NUMBER	
_ake Haus Condominium Association No1			96CYW9765	
PO Box 2445			9001009705	
	EFFECTIVE DATE	EXPIRATION DATE	CONTINU	JED UNTIL
Dillon, CO 80435	03/11/2020	03/11/2021	TERMINA	TED IF CHECKED
	THIS REPLACES PRIOR EVIDE	ENCE DATED:		
PROPERTY INFORMATION				
OCATION/DESCRIPTION				
148 Summit Dr Bldg A; 108 Summit Dr Bldg B; 78 Summit Dr Bldg C; 58 Sumr Fotal number of Units: 88 Fhis policy is a Master Condominium Association Policy, individual owners are				ve Biva Biag G
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH	CONTRACT OR OTHER D N, THE INSURANCE AFFO	OCUMENT WITH RE	ESPECT TO WHICE DESCRIBE	CH THIS D HEREIN IS
COVERAGE INFORMATION				24p-5200-00-00-00-00-00-00-00-00-00-00-00-00-
COVERAGE / PERILS / FORMS		AMO	UNT OF INSURANCE	DEDUCTIBLE
Building- Replacement Cost		10,36	66,000	15,000
Contents		2829	4	15,000
Medical Payments		5,000)	
Liability- Per Occurance		1,000		
Appropriate Control of the Control o				
Directors & Officers Liability	1,000,000			
Building Ordinance or Law		10%		
Fidelity Bond Coverage	250,000			
Commercial Umbrella Liability		5,000	0,000	
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DEMA DIVO (Incl. alla con all LOCALITA)				
REMARKS (Including Special Conditions)				
CANCELLATION				
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	BEFORE THE EXPIRATION	N DATE THEREOF	, NOTICE WILL	3E
ADDITIONAL INTEREST				
AME AND ADDRESS	MORTGAGEE ADDITIONAL INSURED			
		ADDITIONAL INSURE	.U	
	LOSS PAYEE			
	LOAN #			
	AUTHORIZED REPRESENTATIV	E		
	AUTHORIZED REPRESENTATIV	E		

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