




# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
03/18/2024

THIS EVIDENCE OF 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.

<b>AGENCY</b>  Reece Agency, Inc 1869 W Littleton Blvd Littleton, CO 80120		<b>PHONE (A/C, No, Ext):</b> 303-904-6444	<b>COMPANY</b> State Farm Fire and Casualty Company		<b>NAIC #</b> 25143
<b>FAX (A/C, No):</b> 303-904-0588		<b>E-MAIL ADDRESS:</b> Kelsey@reeceagency.com			
<b>CODE:</b>		<b>SUB CODE:</b>			
<b>AGENCY CUSTOMER ID #:</b>		<b>LOAN NUMBER</b>		<b>POLICY NUMBER</b> 96-CY-W976-5	
<b>INSURED</b> Lake Haus Condominium Association No1 PO Box 2445 Dillon, CO 80435		<b>EFFECTIVE DATE</b> 03/11/2024	<b>EXPIRATION DATE</b> 03/11/2025	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>					

## PROPERTY INFORMATION

**LOCATION/DESCRIPTION**  
 148 Summit Dr Bldg A; 108 Summit Dr Bldg B; 78 Summit Dr Bldg C; 58 Summit Dr Bldg D; 76 Cove Blvd Bldg E; 56 Cove Blvd Bldg F; 36 Cove Blvd Bldg G  
 Total number of Units: 88  
 This policy is a Master Condominium Association Policy, individual owners are responsible for purchasing their own HO-6 policy.

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

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Building- Replacement Cost	15,862,300	15,000
Contents	42,000	15,000
Medical Payments	5,000	
Liability- Per Occurance	1,000,000	
Directors & Officers Liability	1,000,000	
Building Ordinance or Law	10%	
Fidelity Bond - 96-BN-R959-5	250,000	
Commercial Umbrella Liability - 96-CY-W980-3	5,000,000	

## REMARKS (Including Special Conditions)

Master Premium: \$61,427.00  
 Fidelity Bond Premium: \$503.00  
 Umbrella Premium: \$1,180.00

## 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

NAME AND ADDRESS	<input type="checkbox"/>	MORTGAGEE	<input type="checkbox"/>	ADDITIONAL INSURED
	<input type="checkbox"/>	LOSS PAYEE		
	LOAN #			
	AUTHORIZED REPRESENTATIVE			