

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 10/29/2020

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.

PRODUCER				CONTACT NAME:	Dax Mattox		
State Farm	Dax Mattox			PHONE (A/C. No. Ext)	: (970) 879-7773	FAX (A/C, No): (970) 879-7775
	1915 Alpine Plz Unit C-2			E-MAIL ADDRESS:	dax.mattox.nqxt@statefarm.com		
				PRODUCER CUSTOMER II	D:		
	Steamboat Spr,	CO	80487-2112		INSURER(S) AFFORDING COVERAGE		NAIC#
INSURED	Stagecoach Townhouse Assoc			INSURER A:	State Farm Fire and Casualty Compa	ny	25143
				INSURER B:			
PO Box 774444				INSURER C:			
				INSURER D :			
				INSURER E :			
S	teamboat Spr,	co	80477-4444	INSURER F:			

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

2	TYPE OF IN	SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY	LIMITS
\times	PROPERTY						BUILDING	\$
CA	AUSES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	\$
	BASIC	BUILDING \$25,000					BUSINESS INCOME	\$ SEE ACORD 10
	BROAD	CONTENTS	_				EXTRA EXPENSE	\$ SEE ACORD 10
\times	SPECIAL]					RENTAL VALUE	\$ SEE ACORD 10
Ĺ	EARTHQUAKE		06 BC C636 4	10/15/2020	10/15/2021	X	BLANKET BUILDING	\$ \$34,425,000
	WIND		96-BC-G636-4	10/15/2020	10/15/2021		BLANKET PERS PROP	\$
	FLOOD						BLANKET BLDG & PP	\$
								\$
								\$
	INLAND MARINE	•	TYPE OF POLICY					\$
CA	AUSES OF LOSS							\$
	NAMED PERILS		POLICY NUMBER					\$
								\$
	CRIME							\$
TY	PE OF POLICY							\$
								\$
\times	BOILER & MACH							\$
	[™] EQUIPMENT BR	EARDOWN]	\$
								\$
								\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) REFER TO ACORD 101.

CERTIFICATE HOLDER		CANCELLATION	
Double H Management		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
PO Box 774444		AUTHORIZED REPRESENTATIVE	
Steamboat Spr,	CO 80477-4444	IF SIGNATURE IS REQUIRED, PLEASE CONTACT AGENT.	

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AGENCY CUSTOMER ID:	
LOC #:	

10/15/2020



AGENCY
Dax Mattox
POLICY NUMBER
96-BC-G636-4
CARRIER

ADDITIONAL REMARKS SCHEDULE

NAMED INSURED
Stagecoach Townhouse Assoc

Page

of

ADDITIONAL REMARKS

State Farm Fire and Casualty Company

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,					
FORM NUMBER: 24	FORM TITLE: Certificate of Property Insurance				

EFFECTIVE DATE:

Unit Owner:

STAGECOACH TOWNHOUSE ASSOC - PO Box 774444 - Steamboat Spr, - CO - 80477-4444 - Unit Loan Number: - Number Of Units: 0090

NAIC CODE

25143

Association Type: Residential Community Association Policy

Forms, Options and Endorsements:

i orins, Options and Endorsements.					
CMP-4206.1	Amendatory Endorsement				
OMD 404F	D:- 0 Off:				

Forme Ontions and Endorsements:

CMP-4100	Businessowners Coverage Form		
FE-6999.2	Terrorism Insurance Cov Notice		
CMP-4862	Building Ordinance Or Law Cov		
CMP-4710	Emp Dishonesty \$25,000		
CMP-4705.2 Loss of Income & Extra Expnse			
CMP-4561.1	.1 Policy Endorsement		

•		•••	,	
C	MP-4815	,)	Dir & Officers	\$1,000,000
C	MP-4550)	Residential Con	nmunity Assoc
C	MP-4508	}	Money	and Securities
F	E-3650		Actual Cash Value	Endorsement

Coverages:

Business Liability	\$1,000,000
Medical Payments	\$5,000
Products-Completed Operations	\$2,000,000
General Aggregate	\$2,000,000

Coverage

Unless otherwise endorsed, this policy provides replacement cost coverage on described property and common areas detailed within the Association bylaws 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 conditions of the policy and any endorsements.

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. *However, these endorsements do not change any replacement cost coverage provided by the policy.*

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.