| A  | ć                             | ORD®                         |                            | CERTIFICATE OF PR                              | OPERTY   | INSURAN  | DATE (MM/DD/YYYY)<br>11/22/2022  |          |                            |  |  |
|--|-------------------------------|------------------------------|----------------------------|--|--|--|----------------------------------|----------|----------------------------|--|--|
| THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS<br>CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES<br>BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED<br>REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.   |                               |                              |                            |  |  |  |                                  |          |                            |  |  |
| PRODUCER<br>State Farm Dax Mattox  |                               |                              |                            | ,  | CONTACT<br>NAME: Da<br>PHONE<br>(A/C, No, Ext); (S | PHONE<br>(A/C, No, Ext): (970) 879-7773 FAX<br>(A/C, No): (970) 879-7775   |                                  |          |                            |  |  |
| 1915 Alpine Plz Unit C-2   |                               |                              |                            |  | E-MAIL<br>ADDRESS: da<br>PRODUCER<br>CUSTOMER ID:  | PRODUCER   |                                  |          |                            |  |  |
|  | Steamboat Spr, CO 80487-2112  |                              |                            | 2  | INSURER(S) AFFORDING COVERAGE                      |  |                                  |          |                            |  |  |
|  | JRED                          | STAGECO                      | STAGECOACH TOWNHOUSE ASSOC |  |  | INSURER A : State Farm Fire and Casualty Company   |                                  |          |                            |  |  |
|  | PO BOX 774444                 |                              |                            |  | INSURER C :  |  |                                  |          |                            |  |  |
|  |                               |                              |                            |  | INSURER D :  |  |                                  |          |                            |  |  |
|  | STEAMBOAT SPR, CO 80477-4444  |                              |                            |  |  | INSURER E :  |                                  |          |                            |  |  |
| _  | COVERAGES CERTIFICATE NUMBER: |                              |                            |  |  |  | <b>REVISION NUMBER:</b>          |          |                            |  |  |
|  |                               | NOF PREMISES /<br>TO ACORD 1 |                            | ROPERTY (Attach ACORD 101, Additional Remark   | ks Schedule, if more sp                            | bace is required)  |                                  |          |                            |  |  |
|  |                               |                              |                            |  |  |  |                                  |          |                            |  |  |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD<br>INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS<br>CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,<br>EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |                               |                              |                            |  |  |  |                                  |          |                            |  |  |
|  |                               | TYPE OF IN                   | SURANCE                    | POLICY NUMBER                                  | POLICY EFFECTIVE<br>DATE (MM/DD/YYYY)              | POLICY EXPIRATION<br>DATE (MM/DD/YYYY)   | COVERED PROPERTY                 |          | LIMITS                     |  |  |
|  | X                             | PROPERTY                     |                            |  |  |  | BUILDING                         | \$       |                            |  |  |
|  | CAL                           | JSES OF LOSS                 | DEDUCTIBLES<br>BUILDING    | _  |  |  | PERSONAL PROPERT                 | φ        |                            |  |  |
|  |                               | BASIC                        | \$25,000.00                |  |  |  | BUSINESS INCOME<br>EXTRA EXPENSE | +        | E ACORD 101                |  |  |
|  |                               | SPECIAL                      | CONTENTS                   |  |  |  | RENTAL VALUE                     | +        | E ACORD 101<br>E ACORD 101 |  |  |
|  | $\square$                     | EARTHQUAKE                   |                            |  |  |  | BLANKET BUILDING                 | +        | ),357,000                  |  |  |
|  |                               | WIND                         |                            | 96-BC-G636-4                                   | 10/15/2022   | 10/15/2023   | BLANKET PERS PROP                |          | ,,                         |  |  |
|  |                               | FLOOD                        |                            |  |  |  | BLANKET BLDG & PP                | \$       |                            |  |  |
|  |                               |                              |                            |  |  |  |                                  | \$       |                            |  |  |
| <u> </u>   |                               | INLAND MARINE                |                            | TYPE OF POLICY                                 |  |  |                                  | \$       |                            |  |  |
|  | CAL                           | JSES OF LOSS                 | -                          |  |  |  |                                  | \$       |                            |  |  |
|  | -                             | NAMED PERILS                 |                            | POLICY NUMBER                                  |  |  |                                  | \$       |                            |  |  |
|  |                               |                              |                            |  |  |  |                                  | \$       |                            |  |  |
|  |                               | CRIME                        |                            |  |  |  |                                  | \$       |                            |  |  |
|  | TYF                           | PE OF POLICY                 |                            |  |  |  |                                  | \$       |                            |  |  |
|  |                               |                              |                            |  |  |  |                                  | \$       |                            |  |  |
|  | X                             | BOILER & MACH                |                            |  |  |  |                                  | \$       |                            |  |  |
|  |                               |                              |                            |  |  |  |                                  | \$<br>\$ |                            |  |  |
|  |                               |                              |                            |  |  |  |                                  | \$       |                            |  |  |
| SPE  | CIAL                          | CONDITIONS / OT              | HER COVERAGES              | (ACORD 101, Additional Remarks Schedule, may b | be attached if more spa                            | ce is required)  | Р. I.                            |          |                            |  |  |
| REFER TO ACORD 101.  |                               |                              |                            |  |  |  |                                  |          |                            |  |  |
|  |                               |                              |                            |  |  |  |                                  |          |                            |  |  |
|  |                               |                              |                            |  |  |  |                                  |          |                            |  |  |
|  |                               |                              |                            |  |  |  |                                  |          |                            |  |  |
| CE   | RTIF                          | ICATE HOLI                   | DER                        |  |  | CANCELLATION   |                                  |          |                            |  |  |
|  |                               | Double                       | H Management               | t  | THE EXPIRA   | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS. |                                  |          |                            |  |  |
|  |                               |                              | (774444                    |  | AUTHORIZED RE                                      | AUTHORIZED REPRESENTATIVE  |                                  |          |                            |  |  |
|  |                               | Steamb                       | ooat Spr,                  | CO 80477-444                                   | 4 IF SIGNATUR                                      | IF SIGNATURE IS REQUIRED, PLEASE CONTACT AGENT.  |                                  |          |                            |  |  |

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AGENCY CUSTOMER ID:

|  |                 | LOC #:                     |  |  |  |  |  |  |  |  |
|--|-----------------|----------------------------|--|--|--|--|--|--|--|--|
| ACORD <sup>®</sup> ADDITIONA                                 |                 | ARKS SCHEE                 | <b>DULE</b> Page <u>1</u> of <u>1</u>          |  |  |  |  |  |  |  |
| AGENCY   |                 | NAMED INSURED              |  |  |  |  |  |  |  |  |
| Dax Mattox   |                 | STAGECOACH TOV             | VNHOUSE ASSOC                                  |  |  |  |  |  |  |  |
| POLICY NUMBER  |                 |                            |  |  |  |  |  |  |  |  |
| 96-BC-G636-4   |                 |                            |  |  |  |  |  |  |  |  |
| CARRIER  | NAIC CODE       |                            |  |  |  |  |  |  |  |  |
| State Farm Fire and Casualty Company                         | 25143           | EFFECTIVE DATE: 10/15/2022 |  |  |  |  |  |  |  |  |
| ADDITIONAL REMARKS   |                 |                            |  |  |  |  |  |  |  |  |
| THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO AD             |                 |                            |  |  |  |  |  |  |  |  |
| FORM NUMBER: 24 FORM TITLE: Certificate of Pro               |                 |                            |  |  |  |  |  |  |  |  |
| Unit Owner:  |                 |                            |  |  |  |  |  |  |  |  |
| Stagecoach Townhouse Assoc - N/A - Oak Creek, - CO - 804     | 467 - Unit Loar | n Number:N/A - Numbe       | r Of Units: 0090                               |  |  |  |  |  |  |  |
|  |                 |                            |  |  |  |  |  |  |  |  |
|  |                 |                            |  |  |  |  |  |  |  |  |
|  |                 |                            |  |  |  |  |  |  |  |  |
|  |                 |                            |  |  |  |  |  |  |  |  |
|  |                 |                            |  |  |  |  |  |  |  |  |
| Association Type: Residential Community Association Po       | licy            |                            |  |  |  |  |  |  |  |  |
| Forms, Options and Endorsements:                             |                 | Forms, Options a           | nd Endorsements:                               |  |  |  |  |  |  |  |
| CMP-4100 Businessowners Coverage                             | e Form          | CMP-4206.2                 | Amendatory Endorsement                         |  |  |  |  |  |  |  |
| FE-6999.3 Terrorism Insurance Cov                            |                 | CMP-4815                   | Dir & Officers \$1,000,000                     |  |  |  |  |  |  |  |
| CMP-4862 Building Ordinance Or La                            |                 | CMP-4550                   | Residential Community Assoc                    |  |  |  |  |  |  |  |
| <b>.</b>   | 25,000          | CMP-4508                   | Money and Securities                           |  |  |  |  |  |  |  |
| CMP-4705.2 Loss of Income & Extra E                          | ,               | FE-3650                    | Actual Cash Value Endorsement                  |  |  |  |  |  |  |  |
| CMP-4561.4 Policy Endors                                     |                 | 1 L-3030                   | Actual Cash Value Endorsement                  |  |  |  |  |  |  |  |
| CIVIF-4501.4 Folicy Endois                                   | ement           |                            |  |  |  |  |  |  |  |  |
| Coverages:   |                 |                            |  |  |  |  |  |  |  |  |
| •  | 00,000          |                            |  |  |  |  |  |  |  |  |
|  | \$5,000         |                            |  |  |  |  |  |  |  |  |
| •  | \$2,000,000     |                            |  |  |  |  |  |  |  |  |
|  | 00,000          |                            |  |  |  |  |  |  |  |  |
|  | 50,000          |                            |  |  |  |  |  |  |  |  |
|  |                 |                            |  |  |  |  |  |  |  |  |
| Coverage   |                 |                            |  |  |  |  |  |  |  |  |
| Unless otherwise endorsed, this policy provides replacem     |                 |                            |  |  |  |  |  |  |  |  |
| Association bylaws including the following types of proper   | ty within a ur  | nit, regardless of own     | ersnip:  |  |  |  |  |  |  |  |
| 1. Fixtures, improvements and alterations that are a         |                 |                            |  |  |  |  |  |  |  |  |
| 2. Appliances such as those used for refrigerating,          | ventilating, c  | ooking, dishwashing,       | laundering, security or housekeeping.          |  |  |  |  |  |  |  |
| Replacement cost coverage is subject to the terms and co     | onditions of th | he policy and any end      | lorsements.                                    |  |  |  |  |  |  |  |
| Coverage under this policy may have been modified to pr      | ovide actual    | cash value coverage        | rather than replacement cost coverage, or to   |  |  |  |  |  |  |  |
| remove specified property from coverage, if any endorser     |                 |                            |  |  |  |  |  |  |  |  |
| Covered" is identified on this Certificate of Insurance.     |                 | 0                          |  |  |  |  |  |  |  |  |
| Endorsements: FE-3650, FE-3653, FE-3658, and FE-365          | 9 (Actual Ca    | sh Value) - These en       | dorsements describe what the term "actual cash |  |  |  |  |  |  |  |
| value" means where used in the policy. <i>However, these</i> |                 |                            |  |  |  |  |  |  |  |  |

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.