ACORD					CERTIFICATE OF PR	DATE (MM/DD/YYYY) 07/26/2021							
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.													
<u> </u>			AIIVE		ER, AND THE CERTIFICATE HOLDER	CONTACT	CONTACT LaVonne Gorsuch						
	LaVonne Gorsuch						PHONE (070) 040 4447						
S	StateFarm 501 Highway 50					(AIC: No, Ext): (970) 243-1117 (AIC: No): (970) 245-9839 E-MAIL ADDRESS: lavonne.gorsuch.gopp@statefarm.com							
	<b>O</b>			0		PRODUCER							
	Grand Jct, CO 81503-19						INSURER(S) AFFORDING COVERAGE						
INSURED						INSURER A : St	INSURER A : State Farm Fire and Casualty Company						
			nstock Estates Homeowners Association			INSURER B :	INSURER B :						
	c/o Graystone Group 751 Horizon CT Ste 115					INSURER C :	INSURER C :						
						INSURER D :							
					00.04500.070	INSURER E :							
			nd Jct,		CO 81506-876	INSURER F :							
_		AGES			CERTIFICATE NUMBER: PROPERTY (Attach ACORD 101, Additional Remark			RE	VISION NUMBER:				
	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.												
INS	र			SURANCE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION		COVERED PROPERTY		LIMITS		
LTF						DATE (MM/DD/YYYY)	DATE (MM/DD/YYYY)		1		Limito		
		<b>PROPE</b>		DEDUCTIBLES					BUILDING PERSONAL PROPERTY	\$			
		BASIC	2000	BUILDING	_				BUSINESS INCOME	\$ • SEI	E ACORD 101		
		BROAD							EXTRA EXPENSE	+	E ACORD 101		
	$\mathbf{\nabla}$	SPECIA	L	CONTENTS				<u> </u>	RENTAL VALUE		E ACORD 101		
	$\vdash$	EARTHO			_				BLANKET BUILDING	s Exc			
		WIND			96-CL-N385-9	01/05/2021	01/05/2022	$\vdash$	BLANKET PERS PROP	\$			
		FLOOD			_				BLANKET BLDG & PP	\$			
					_					\$			
										\$			
		INLAND	MARINE		TYPE OF POLICY					\$			
	CAUSES OF		DF LOSS ED PERILS		POLICY NUMBER				]	\$			
										\$			
										\$			
		CRIME							-	\$			
	TYF	PE OF POL	LICY						-	\$			
	+									\$			
	X		ER & MACHINERY / IPMENT BREAKDOWN						-	\$			
	-									\$			
								<u> </u>	{	\$			
50		CONDITIO			ACORD 101 Additional Remarks Schedule may b	e attached if more sna	ce is required)			\$			
	SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) REFER TO ACORD 101.												
CE	RTIF	ICATE	HOLD	DER		CANCELLA	ΓΙΟΝ						
		A	SSOC	IATION INCAR	HOMEOWNERS E OF GRAYSTON	THE EXPIRA ACCORDAN	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
		7	51 Hor	izon Ct Ste 115	GRA	AUTHORIZED RE	AUTHORIZED REPRESENTATIVE						
Grand let CO 81506 8733							IF SIGNATURE IS REQUIRED, PLEASE CONTACT AGENT.						

Grand Jct,

CO 81506-8733

© 1995-2015 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID:

		LOC #:								
ACORD <sup>®</sup> ADDITION	AL REMA		DULE Page <u>1</u> of <u>1</u>							
AGENCY		NAMED INSURED								
LaVonne Gorsuch		Comstock Estates Homeowners Association								
96-CL-N385-9 CARRIER	NAIC CODE	_								
State Farm Fire and Casualty Company	25143	EFFECTIVE DATE:	01/05/2021							
ADDITIONAL REMARKS	20110									
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO A										
FORM NUMBER: 24 FORM TITLE: Certificate of P		e								
		•								
Unit Owner:										
LEFT BLANK INTENTIONALLY - 751 Horizon Ct - Grand Jct,										
Association Type: Residential Community Association F	Policy									
Forms, Options and Endorsements:		Forms, Options a	ind Endorsements:							
CMP-4100 Businessowners Coverage	ge Form	CMP-4550	Residential Community Assoc							
FE-6999.3 Terrorism Insurance Co		CMP-4206.1	Amendatory Endorsement							
CMP-4815 Dir & Officers \$2,	000,000	CMP-4561.1	Policy Endorsement							
Coverages:										
Business Liability \$2,	000,000									
Medical Payments	\$5,000									
	000,000									
General Aggregate \$4,	000,000									
Coverage Unless otherwise endorsed, this policy provides replaced Association bylaws including the following types of property 1. Fixtures, improvements and alterations that are 2. Appliances such as those used for refrigerating	erty within a un e a part of the b	it, regardless of own ouilding or structure;	ership: and							
	Appliances such as those used for refrigerating, ventilating, cooking, dishwashing, laundering, security or housekeeping. Iacement cost coverage is subject to the terms and conditions of the policy and any endorsements.									
Coverage under this policy may have been modified to p remove specified property from coverage, if any endorse Covered" is identified on this Certificate of Insurance.	provide actual o	ash value coverage	rather than replacement cost coverage, or to							
Endorsements: FE-3650, FE-3653, FE-3658, and FE-36 value" means where used in the policy. <i>However, these policy.</i>										
This policy provides coverage on a standalone/individua	al condominium	association.								
<b>Commercial General Liability</b> State Farm refers to this coverage as Business Liability	Coverage. Cov	erage amount show	n is Per Occurrence.							
Loss of Rents, Loss of Income and Extra Expense If this coverage is shown, limits are "Actual Loss Sustain	-	-								