EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 12/11/2024

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.

AGENCY	PHONE (A/C, No, Ext): 970-249-4404
StateFarm MIKE TRUJILLO 2019 S TOWNSEND AVE MONTROSE CO 81401	FAX (A/C, No):
E-MAIL ADDRESS: SHELBIE@MIKETRUJILLO.COM	
CODE:	SUB CODE:
AGENCY CUSTOMER ID #:	

COMPANY	NAIC # 25143
State Farm Fire and Casualty Company	

INSURED	LOAN NUMBER	POLICY NUMBER
CASTELLINA CONDOMINIUMS OWNERS ASSOCIATION, INC. PO BOX 3071 TELLURIDE CO 81435		96-GC-G072-1
	EFFECTIVE DATE: 12/12/2024	EXPIRATION DATE: 12/12/2025
	☐ CONTINUED UNTIL TERMINATED IF CHECKED	
	THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION

LOCATION/DESCRIPTION
117VISCHER DR. TELLURIDE, CO 81435
5 UNITS

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

PERILS INSURED ☐ BASIC ☐ BROAD ☒ SPECIAL ☐

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
COVERAGE A - BUILDING - GUARANTEED REPLACEMENT COST	$16,264,000	$50K, 1%W/H
COVERAGE B - BUSINESS PROPERTY	$2,000	
COVERAGE L - BUSINESS LIABILITY	$1,000,000	
DIRECTERS & OFFICERS	$1,000,000	

REMARKS (Including Special Conditions)

-QUARTERLY PAYMENT SCHEDULE

$7,402.00 PAID FOR MASTER
REF # E09TN14L

$137.50 PAID FOR CLUP
REF # E09TM4E5

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	☐ ADDITIONAL INSURED ☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE ☐ MORTGAGEE
	LOAN #
	AUTHORIZED REPRESENTATIVE **Completed by an authorized State Farm representative. If signature is required, please contact a State Farm agent.**