



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
05/10/2024

**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.**

<b>PRODUCER</b> Mike Trujillo 2019 S Townsend Ave Montrose, CO 81401-5444	<b>CONTACT NAME:</b> Mike Trujillo <b>PHONE (A/C, No, Ext):</b> (970) 249-4404 <b>FAX (A/C, NO):</b> (970) 249-5344		
	<b>E-MAIL ADDRESS:</b> mike.trujillo.gopq@statefarm.com <b>PRODUCER CUSTOMER ID</b>		
<b>INSURED</b> GRANITA HOMEOWNER ASSOCIATION 560 MTN VLG BLVD UNIT 102B TELLURIDE, CO 81435-9513	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A :</b> State Farm Fire and Casualty Company		25143
	<b>INSURER B :</b>		
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
<b>INSURER F :</b>			

**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.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS		
	<b>PROPERTY</b>	96-GJ-6328-0	05/06/2024	05/06/2025	BUILDING	\$16,628,800		
	CAUSES OF LOSS						PERSONAL PROPERTY	\$
	Deductibles						BUSINESS INCOME	\$ SEE ACORD 101
	BASIC						EXTRA EXPENSE	\$ SEE ACORD 101
	BROAD						RENTAL VALUE	\$ SEE ACORD 101
	SPECIAL						BLANKET BUILDING	\$
	EARTHQUAKE						BLANKET PERS PROP	\$
	WIND						BLANKET BLDG & PP	\$
	FLOOD							\$
								\$
	<b>INLAND MARINE</b>	TYPE OF POLICY				\$		
	CAUSES OF LOSS	POLICY NUMBER				\$		
	NAMED PERILS					\$		
						\$		
	<b>CRIME</b>					\$		
	TYPE OF POLICY					\$		
						\$		
	<b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>					\$		
						\$		
						\$		

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

<b>CERTIFICATE HOLDER</b> FULL CIRCLE HOA MANAGEMENT 560 Mtn Vlg Blvd Unit 102B Mountain Vlg, CO 81435-9513	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE IF SIGNATURE IS REQUIRED, PLEASE CONTACT AGENT.



**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> Mike Trujillo		<b>NAMED INSURED</b> GRANITA HOMEOWNER ASSOCIATION	
<b>POLICY NUMBER</b> 96-GJ-6328-0			
<b>CARRIER</b> State Farm Fire and Casualty Company	<b>NAIC CODE</b> 25143	<b>EFFECTIVE DATE:</b> 05/06/2024	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.**

**FORM NUMBER:** 24 **FORM TITLE:** Certificate of Property Insurance

**Unit Owner:**

GRANITA HOMEOWNER ASSOCIATION - 560 Mountain Village Blvd - Mountain Vlg, - CO - 81435-9513 - Unit Loan Number:NA - Number Of Units: 0017

**Association Type:** Residential Community Association Policy

**Forms, Options and Endorsements:**

- CMP-4100 Businessowners Coverage Form
- CMP-4206.2 Amendatory Endorsement
- CMP-4550 Residential Community Assoc
- CMP-4508 Money and Securities
- FE-3650 Actual Cash Value Endorsement
- CMP-4829 Guaranteed Replacement Cost

**Forms, Options and Endorsements:**

- CMP-4815 Dir & Officers \$1,000,000
- FE-6999.3 Terrorism Insurance Cov Notice
- CMP-4710 Emp Dishonesty \$50,000
- CMP-4705.2 Loss of Income & Extra Expnse
- CMP-4561.4 Policy Endorsement

**Coverages:**

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

**Companion Policies:**

- 96GM69620 Commercial Liability Umbrella

**Coverage**

Unless otherwise endorsed, this policy provides replacement cost coverage on described property and common areas detailed within the Association Covenants, Conditions, and Restrictions (CC&Rs) 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.