



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
06/25/2025

THIS EVIDENCE OF COMMERCIAL 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.

PRODUCER NAME, CONTACT PERSON AND ADDRESS Dillon & Associates, INC (580547) 310 MARKET ST BASALT CO 81621-7401		PHONE (A/C, No, Ext): 1-970-927-6596	COMPANY NAME AND ADDRESS American Family Insurance Company		NAIC NO: 10386
FAX (A/C, No):	E-MAIL ADDRESS: cdillon@amfam.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE:		SUB CODE:	POLICY TYPE Businessowners Policy		
AGENCY CUSTOMER ID #:			LOAN NUMBER 128665680		
NAMED INSURED AND ADDRESS Original Curve Condominium Association 111 Aspen Airport Business Ctr Ste B Aspen CO 81611-3535			POLICY NUMBER 91004-38602-57		
			EFFECTIVE DATE December 18, 2024	EXPIRATION DATE December 18, 2025	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)			THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (Use REMARKS on page 2, if more space is required) ☒ BUILDING OR ☒ BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION LOCATION 1 BUILDING 1: 725 E MAIN ST-1 725 E MAIN ST ASPEN CO 81611-2035
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	<input checked="" type="checkbox"/>
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: Bldg: \$13,828,000 BPP: \$1,975 DED: \$10,000								
	YES	NO	N/A					
<input checked="" type="checkbox"/> BUSINESS INCOME <input checked="" type="checkbox"/> RENTAL VALUE	<input checked="" type="checkbox"/>			If YES, LIMIT:	<input checked="" type="checkbox"/>	Actual Loss Sustained: # of months: 12-Months		
BLANKET COVERAGE				If YES, indicate value(s) reported on property identified above: \$				
TERRORISM COVERAGE		<input checked="" type="checkbox"/>		Attach Disclosure Notice / DEC				
IS THERE A TERRORISM-SPECIFIC EXCLUSION?								
IS DOMESTIC TERRORISM EXCLUDED?								
LIMITED FUNGUS COVERAGE	<input checked="" type="checkbox"/>			If YES, LIMIT: \$15,000		DED:		
FUNGUS EXCLUSION (If "YES", specify organization's form used)			<input checked="" type="checkbox"/>					
REPLACEMENT COST	<input checked="" type="checkbox"/>							
AGREED VALUE								
COINSURANCE	<input checked="" type="checkbox"/>			If YES, 80 %				
EQUIPMENT BREAKDOWN (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT:		DED:		
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/>			If YES, LIMIT: \$13,828,000		DED: Property Deductible		
- Demolition Costs				If YES, LIMIT: \$1,400,000		DED: Property Deductible		
- Incr. Cost of Construction				If YES, LIMIT: combined with demolition costs		DED: Property Deductible		
EARTH MOVEMENT (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT:		DED:		
FLOOD (If Applicable)				If YES, LIMIT:		DED:		
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:			<input checked="" type="checkbox"/>	If YES, LIMIT:		DED:		
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:			<input checked="" type="checkbox"/>	If YES, LIMIT:		DED:		
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS			<input checked="" type="checkbox"/>					

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

MORTGAGEE	CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS
LENDERS LOSS PAYABLE <input checked="" type="checkbox"/>	Certificate Holder	
NAME AND ADDRESS First Mortgagee NATIONSTAR MORTGAGE LLC ITS SUCCESSORS AND/OR ASSIGNS ATIMA PO BOX 7729 SPRINGFIELD OH 45501-7729		AUTHORIZED REPRESENTATIVE Dillon & Associates, INC

