



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
03/12/2026

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 Jesse Dalton State Farm 436 East Ave Rifle, CO 81650		PHONE (A/C, No, Ext): 970-665-9770		COMPANY State Farm Fire and Casualty Company		NAIC # 25143	
FAX (A/C, No): 970-625-9229		E-MAIL ADDRESS: jesse@yourrifleinsurance.com					
CODE:		SUB CODE:					
AGENCY CUSTOMER ID #:		INSURED Grass Mesa Homeowners Association C/O Integrated Mountain Management PO BOX 908 Glenwood Springs CO 816020908		LOAN NUMBER		POLICY NUMBER PCO AGGREGT	
				EFFECTIVE DATE 11/01/2025		EXPIRATION DATE 11/01/2026	
						<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:							

PROPERTY INFORMATION

LOCATION/DESCRIPTION 1899 Grass Mesa Rd Rifle, CO 81650
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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
A-BUILDING EXCLUDED		
B-BUSN PROPEXCLUDED		
LOSS INC EXCLUDED		
L-BUSN LIAB	1,000,000	
GEN AGGREGT	2,000,000	
PCO AGGREGT	2,000,000	

REMARKS (Including Special Conditions)

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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	<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE		
	LOAN #		
AUTHORIZED REPRESENTATIVE Completed by an authorized State Farm representative. If signature is required, please contact a State Farm agent.			