



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER Kinser Insurance Agency 1495 Pine Grove Rd 201a Steamboat Springs, CO 80487	CONTACT NAME: iCerts Customer Support
	PHONE (A/C. No. Ext): _____ FAX (A/C. No): _____
	E-MAIL ADDRESS: CS@iCerts.com
	PRODUCER CUSTOMER ID: _____
	INSURER(S) AFFORDING COVERAGE
INSURED Cinnamon Ridge III Condominium Assoc I B#CK B9F	INSURER A : Mid-Century Insurance Company NAIC # 21687
	INSURER B : Travelers 31194
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 60-84 Oro Grande Drive Keystone, CO 80435

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
A	<input checked="" type="checkbox"/> PROPERTY CAUSES OF LOSS: BUILDING DEDUCTIBLES BASIC BUILDING 10,000 BROAD CONTENTS <input checked="" type="checkbox"/> SPECIAL EARTHQUAKE <input checked="" type="checkbox"/> WIND 2% FLOOD <input checked="" type="checkbox"/> Guar Repl Cos <input checked="" type="checkbox"/> E3418	604383545 Hail 2% Unit Cov(see cover)	04/01/2024	04/01/2025	<input checked="" type="checkbox"/> BUILDING \$ 10,455,550 <input type="checkbox"/> PERSONAL PROPERTY \$ <input type="checkbox"/> BUSINESS INCOME \$ <input type="checkbox"/> EXTRA EXPENSE \$ <input type="checkbox"/> RENTAL VALUE \$ <input type="checkbox"/> BLANKET BUILDING \$ <input type="checkbox"/> BLANKET PERS PROP \$ <input type="checkbox"/> BLANKET BLDG & PP \$ <input checked="" type="checkbox"/> Bld Ord 2 \$ 668,400 <input checked="" type="checkbox"/> Bld Ord 3 \$ 708,265	
	<input type="checkbox"/> INLAND MARINE CAUSES OF LOSS: TYPE OF POLICY NAMED PERILS: POLICY NUMBER					\$ \$ \$ \$
B	<input checked="" type="checkbox"/> CRIME TYPE OF POLICY	106896809	04/01/2024	04/01/2027	<input checked="" type="checkbox"/> Fidelity \$ 150,000 <input checked="" type="checkbox"/> Comp. Fraud \$ 150,000 <input checked="" type="checkbox"/> Fund Trf Fraud \$ 150,000	
A	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	604383545	04/01/2024	04/01/2025	<input type="checkbox"/> <input type="checkbox"/>	\$ Bldg Limit \$
A	Comm Liability	604383545	04/01/2024	04/01/2025	<input checked="" type="checkbox"/> Per Occur.	\$ 1,000,000
A	Directors&Officers	604383545	04/01/2024	04/01/2025	<input checked="" type="checkbox"/> Per Occur.	\$ 1,000,000

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Loan #: _____	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 Jim Kinser

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CONDOMINIUM ASSOCIATION UNIT COVERAGE ENDORSEMENT

This endorsement modifies insurance provided under the following:

CONDOMINIUM PROPERTY COVERAGE FORM

Item **a.** under **A. 2. Property Not Covered** in the CONDOMINIUM PROPERTY COVERAGE FORM is deleted in its entirety. Item **A.1. a. (6)** under **1. Covered Property** is added as follows:

(6) Any of the following types of property contained within a residential unit:

- (a)** Fixtures, improvements and alterations that are a part of the building or structure; and
- (b)** Permanently installed appliances, such as those used for refrigerating, ventilating, cooking, dishwashing, laundering, security or housekeeping.

However, the most we will pay for loss or damage to the property in Paragraph **(6)(a)** and **(b)** above in any one occurrence is the Limit of Insurance shown in the Declarations for Buildings.