



PRODUCER#: 04 07 50 27T
PETER MAMICH
1495 PNE GRV RD #201A
STEAMBOAT SPRI CO 80487

**MARINA PARK HOA
C/O SUMMIT RESORT GROUP
PO BOX 678
FRISCO CO 80443**

60441-25-30
03/31/26
01:26:44
A6044125300026
002
ABL94
ENDORSEMENT

CM057EP4
04 - PL

ADDIDIR6X9

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

E4277
1st Edition

Policy Number: 60441-25-30

POLICY CHANGES

Effective Date of Change: 04/01/26

Expiration Date: 04/01/27

Change Endorsement No.: 002

Agent: 07-50-27T

Named Insured: MARINA PARK HOA
C/O SUMMIT RESORT GROUP
PO BOX 678
FRISCO CO 80443

The following item(s):

	Insured's Name	Insured's Mailing Address
	Policy Number	Company
	Effective / Expiration Date	Insured's Legal Status / Business of Insured
	Payment Plan	Premium Determination
	Additional Interested Parties	Coverage Forms and Endorsements
X	Limits / Exposures	Deductibles
	Covered Property / Location Description	Classification / Class Codes
	Rates	Underlying Insurance

is (are) changed to read {See Additional Page(s)}:

The above amendments result in a change in the premium as follows:

	No Changes	To Be Adjusted At Audit	Additional Premium	Return Premium
			\$ 45.00	\$
Authorized Representative Signature:				



Policy Changes Endorsement Description

EDIT LOCATION

LOCATION 1:

120 N 7TH AVE FRISCO, CO 80443

CHANGE: BACKUP SEWER & DRAIN COVERAGE FROM \$250000 TO \$300000

Removal Permit If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change: after that, this insurance does not apply at the previous location.



STATEMENT

MID-CENTURY INSURANCE COMPANY

° MARINA PARK HOA

C/O SUMMIT RESORT GROUP
PO BOX 678
FRISCO CO 80443

MARCH 31, 2026

Date

07-50-27T

Agent's Number

60441-25-30

Policy Number

Loan Number

This Statement Reflects:

Effective Date: 04/01/26

New Business Reinstatement Change Of Coverage Added Coverage

\$ Previous Balance Owing

\$ Premium

\$ Membership, Policy, Reinstatement, Reissue or Service Fees

\$ 45.00 Pro Rata Premium Due 04/01/26 TO 04/01/27

\$ Premium For Renewing Entire Present Coverage From _____ To _____

\$

\$

\$

\$

\$ 45.00 Total Charges

\$

\$ Payments

\$ Other Credits _____

\$ _____ Total Credits

\$ - NONE - **BALANCE DUE UPON RECEIPT**

\$ _____ Optional Amount

\$ _____ Refund

WE WANT TO BE YOUR FIRST CHOICE FOR BUSINESS AND PERSONAL LINES INSURANCE. IF YOU PLACE A PERSONAL LINES POLICY WITH FARMERS YOU MAY BE ELIGIBLE TO RECEIVE A DISCOUNT, CONTACT YOUR AGENT TODAY.

**IMPORTANT- D-O N-O-T P-A-Y T-H-I-S N-O-T-I-C-E
PREMIUM WILL BE BILLED. ACCT # F005593865-001-00001.**

State Required Notification: