



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
6/15/2022

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.

<b>PRODUCER</b> MIKE BERRES (07244) 7342 SOUTH ALTON WAY STE 7-G CENTENNIAL, CO 80112-0000	<b>CONTACT NAME:</b> MIKE BERRES	
	<b>PHONE (A/C, No. Ext):</b> 303-770-5068	<b>FAX (A/C, No):</b> 303-770-5138
	<b>E-MAIL ADDRESS:</b> MIKE.BERRES@COUNTRYFINANCIAL.COM	
	<b>PRODUCER CUSTOMER ID:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> 5628483 LAREDO LOFTS TOWNHOMES ASSOCIATION INC PO BOX 915 SILVERTHORNE, CO 804980915	<b>INSURER A:</b> COUNTRY Mutual Insurance Company	20990
	<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)  
Loc 2/Bldg 1/10-12 LAREDO DR, SILVERTHORNE, CO 80498  
Limit for Busn Income and Extra Expense is actual loss sustained not to exceed one year

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 type="checkbox"/>	PROPERTY	AM9294472	12/1/2021	12/1/2022	<input checked="" type="checkbox"/>	BUILDING	\$ 649,200	
	CAUSES OF LOSS					DEDUCTIBLES	<input type="checkbox"/>	PERSONAL PROPERTY	\$
	<input type="checkbox"/>	BASIC				BUILDING \$5,000	<input checked="" type="checkbox"/>	BUSINESS INCOME	\$ See Above
	<input type="checkbox"/>	BROAD				CONTENTS	<input checked="" type="checkbox"/>	EXTRA EXPENSE	\$ See Above
	<input checked="" type="checkbox"/>	SPECIAL					<input type="checkbox"/>	RENTAL VALUE	\$
	<input type="checkbox"/>	EARTHQUAKE				<input type="checkbox"/>	BLANKET BUILDING	\$	
	<input type="checkbox"/>	WIND				<input type="checkbox"/>	BLANKET PERS PROP	\$	
	<input type="checkbox"/>	FLOOD				<input type="checkbox"/>	BLANKET BLDG & PP	\$	
	<input checked="" type="checkbox"/>	Equip Breakdown				<input type="checkbox"/>		\$	
	<input type="checkbox"/>						<input type="checkbox"/>		\$
	<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY			<input type="checkbox"/>		\$	
	CAUSES OF LOSS					<input type="checkbox"/>		\$	
	<input type="checkbox"/>	NAMED PERILS	POLICY NUMBER			<input type="checkbox"/>		\$	
	<input type="checkbox"/>					<input type="checkbox"/>		\$	
	<input type="checkbox"/>	CRIME				<input type="checkbox"/>		\$	
	TYPE OF POLICY					<input type="checkbox"/>		\$	
						<input type="checkbox"/>		\$	
	<input type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN				<input type="checkbox"/>		\$	
	<input type="checkbox"/>					<input type="checkbox"/>		\$	
						<input type="checkbox"/>		\$	
						<input type="checkbox"/>		\$	

**SPECIAL CONDITIONS / OTHER COVERAGES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
LOC 2/BLDG 1 / 10-12 LAREDO DR, SILVERTHORNE, CO

<b>CERTIFICATE HOLDER</b> RED MOUNTAIN COMMUNITY MANAGEMENT (RMCM) PO BOX 915 SILVERTHORNE, CO 80498	<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 
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