



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
11/01/2024**THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.**

PRODUCER NAME USI Insurance Services, LLC (Colorado Springs) 1 South Nevada Avenue, Suite 105 Colorado Springs, CO 80901 License #: 306184 Phone: 7192281070 Fax: 7192281071		PHONE	COMPANY NAME AND ADDRESS Vantage Risk Specialty Insurance Company 123 N. Wacker Drive Suite 1300 Chicago, IL 60606 www.vantagerisk.com		NAIC NO: 32077
CODE: 633 / CBI		SUB CODE:			
AIN: 614912P/Stone Canyon Condominium Association, Inc. / Stone Canyon					
NAMED INSURED AND ADDRESS Stone Canyon Condominium Association, Inc. 10800 E. Bethany Drive, Suite 23 Aurora, CO 80014			HomeState: CO		LOAN NUMBER
					POLICY NUMBER AIN614912
			EFFECTIVE DATE 11/01/2024		EXPIRATION DATE 11/01/2025
ADDITIONAL NAMED INSURED(S)			<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED		
			THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (Use additional sheets if more space is required)

LOCATION DESCRIPTION PID #: P00107251 18388 E. Eldorado Place, Aurora, CO 80013-2379 PER SCHEDULE OF LOCATIONS ATTACHED. LOCATIONS SUBJECT TO ENDORSEMENTS AS ATTACHED.

COVERAGE INFORMATIONCAUSE OF LOSS FORM BASIC BROAD SPECIAL OTHER

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE:		\$48,850,041	per occurrence	DED: \$25,000
	YES	NO		
BUSINESS INCOME / RENTAL VALUE (incl Extra Expense)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If YES, LIMIT: INCLUDED	<input checked="" type="checkbox"/> Actual Loss Sustained Not to exceed scheduled value
BLANKET COVERAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If YES, indicate amount of insurance on properties identified above: \$	
TERRORISM COVERAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attach signed Disclosure Notice / DEC	
IS COVERAGE PROVIDED FOR "CERTIFIED ACTS" ONLY?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, SUB LIMIT:	DED:
IS COVERAGE A STAND ALONE POLICY?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, LIMIT:	DED:
DOES COVERAGE INCLUDE DOMESTIC TERRORISM?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, SUB LIMIT:	DED:
COVERAGE FOR MOLD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If YES, LIMIT: \$10,000	DED: \$25,000
MOLD EXCLUSION (If "YES", specify organizations's form used)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
REPLACEMENT COST	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
AGREED AMOUNT	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
COINSURANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If YES, %	
EQUIPMENT BREAKDOWN (If Applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If YES, LIMIT: \$7,500,000	DED: \$25,000
LAW AND ORDINANCE - Coverage for loss to undamaged portion of building	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If YES, LIMIT: INCLUDED	DED: \$25,000
- Demolition Costs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If YES, LIMIT: REFER TO ENDORSEMENT	DED: \$25,000
- Incr. Cost of Construction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If YES, LIMIT: REFER TO ENDORSEMENT	DED: \$25,000
EARTHQUAKE (if Applicable)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If YES, LIMIT:	DED:
FLOOD (if Applicable)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If YES, LIMIT:	DED:
WIND / HAIL (if Separate Policy)	<input type="checkbox"/>	<input type="checkbox"/>	If YES, LIMIT:	DED: REFER TO ENDORSEMENT
PERMISSION TO WAIVE SUBROGATION PRIOR TO LOSS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

REMARKS - Including Special Conditions (Use additional sheets if more space is required)

Business Income / Rental Value (including Extra Expense): EXTENDED PERIOD OF INDEMNITY IS 180 DAYS, UNLESS AMENDED BY ENDORSEMENT ATTACHED TO THIS EVIDENCE. REFER TO ATTACHED REMARKS SECTION

CANCELLATION

THE POLICIES ARE SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY(IES) BE TERMINATED, THE COMPANY(IES) WILL GIVE THE INSURED INTEREST IDENTIFIED 30 DAYS WRITTEN NOTICE, 10 DAYS FOR NON-PAYMENT, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

ADDITIONAL INTEREST

NAME AND ADDRESS		LENDER SERVICING AGENT NAME AND ADDRESS	
MORTGAGEE	438BFUNS Applies	AUTHORIZED REPRESENTATIVE	
LOSS PAYEE			

Julie Kim