



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
07/21/2022

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 MEGHAN BOWEN STATE FARM 3131 S VAUGHN WAY SUITE 206 AURORA, CO 80014		PHONE (A/C, No, Ext): 720.216.5553	COMPANY State Farm Fire and Casualty Company		NAIC # 25143
FAX (A/C, No):	E-MAIL ADDRESS:				
CODE:	SUB CODE:				
AGENCY CUSTOMER ID #:					
INSURED MEADOW HILLS ESTATES HOA		LOAN NUMBER	POLICY NUMBER 96EQZ6903		
		EFFECTIVE DATE 07/01/2022	EXPIRATION DATE 07/01/2023	CONTINUED UNTIL TERMINATED IF CHECKED <input type="checkbox"/>	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION

LOCATION/DESCRIPTION
HOA Location: MEADOW HILLS ESTATES HOA - PO BOX 440861
AURORA, CO 80014

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	AMOUNT OF INSURANCE	DEDUCTIBLE
COMMON ARE ONLY - Business Coverage Form	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	106,627	1000
General Liability - occurrence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1,000,000	
General Liability - aggregate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2,000,000	
GL includes severability of interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fidelity Bond/Employee Dishonesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50,000	500
** Property manager is not an additional insured on bond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Directors & Officers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	500,000	

REMARKS (Including Special Conditions)

COMMON AREA ONLY POLICY!
10 day advance cancellation notice

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