



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
12/16/2020

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.

PRODUCER Mikeal Taylor Agency 3475 Briargate Blvd Ste 101 Colorado Springs CO 80920	CONTACT NAME: Mikeal Taylor Agency PHONE (A/C, No, Ext): 719-535-9966 FAX (A/C, No): 719-528-1069 E-MAIL ADDRESS: mtaylor6@farmersagent.com PRODUCER CUSTOMER ID:														
INSURED The Greens at Kissing Camels 6015 Lehman Dr Ste 205 Colorado Springs CO 80918	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Truck Insurance Exchange</td> <td style="text-align: center;">21709</td> </tr> <tr> <td>INSURER B: Farmers Insurance Exhchange</td> <td style="text-align: center;">21652</td> </tr> <tr> <td>INSURER C: Mid Centurry Insurance Company</td> <td style="text-align: center;">21687</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Truck Insurance Exchange	21709	INSURER B: Farmers Insurance Exhchange	21652	INSURER C: Mid Centurry Insurance Company	21687	INSURER D:		INSURER E:		INSURER F:	
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COVERAGES
CERTIFICATE NUMBER:
REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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	
C	<input type="checkbox"/> PROPERTY				<input checked="" type="checkbox"/> BUILDING	\$ 28,112,000	
	CAUSES OF LOSS	DEDUCTIBLES			<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ 5,300	
	<input type="checkbox"/> BASIC	BUILDING	606696607	11/16/2020	11/16/2021		\$
	<input type="checkbox"/> BROAD	10,000					\$
	<input checked="" type="checkbox"/> SPECIAL	10,000					\$
	<input type="checkbox"/> EARTHQUAKE	CONTENTS					\$
	<input checked="" type="checkbox"/> WIND	5%					\$
	<input type="checkbox"/> FLOOD						\$
<input checked="" type="checkbox"/> Repl Cost	150%					\$	
						\$	
				<input checked="" type="checkbox"/> Bldg Ord Cov 1	\$ Included		
				<input checked="" type="checkbox"/> Bldg Ord 2 & 3	\$ 250,000		
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$	
	CAUSES OF LOSS					\$	
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$	
C	<input checked="" type="checkbox"/> CRIME					\$	
	TYPE OF POLICY	606696607	11/16/2020	11/16/2021	<input checked="" type="checkbox"/>	\$ \$500,000	
C	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	606696607	11/16/2020	11/16/2021	<input checked="" type="checkbox"/>	\$ Included	
C	Liability	606696607	11/16/2020	11/16/2021	<input checked="" type="checkbox"/>	\$ 2,000,000	
					<input checked="" type="checkbox"/>	\$ 4,000,000	

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

37 Units
CERTIFICATE HOLDER
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.

AUTHORIZED REPRESENTATIVE

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