



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
05/01/2025

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.

<b>PRODUCER</b>  Derron Cloud 227 E. Cody Ln. #201 Basalt, CO 81621	<b>CONTACT NAME:</b> Shannon Carter <b>PHONE (A/C, No, Ext):</b> 970-927-0419 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> shannon@coveredbycloud.com <b>PRODUCER CUSTOMER ID:</b>														
<b>INSURED</b>  Wapiti Commons Homeowner's Association, Inc. 1430 Railroad Ave. Ste. A Rifle, CO 81650	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : State Farm Fire and Casualty Company</td><td>25143</td></tr><tr><td>INSURER B :</td><td></td></tr><tr><td>INSURER C :</td><td></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></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : State Farm Fire and Casualty Company	25143	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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**COVERAGES**                      **CERTIFICATE NUMBER:** N/A                      **REVISION NUMBER:** N/A

**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
785 Smith St. Rifle, CO 81650- See attached ACORD 101

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	96-E5-C614-1F	02/08/2025	02/08/2026	<input type="checkbox"/>	BUILDING	\$
	<input type="checkbox"/>	CAUSES OF LOSS				<input type="checkbox"/>	PERSONAL PROPERTY	\$
	<input type="checkbox"/>	BASIC				<input type="checkbox"/>	BUSINESS INCOME	\$
	<input type="checkbox"/>	BROAD				<input type="checkbox"/>	EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/>	SPECIAL				<input type="checkbox"/>	RENTAL VALUE	\$
	<input type="checkbox"/>	EARTHQUAKE				<input checked="" type="checkbox"/>	BLANKET BUILDING	\$ 679,000
	<input type="checkbox"/>	WIND				<input type="checkbox"/>	BLANKET PERS PROP	\$
	<input type="checkbox"/>	FLOOD				<input type="checkbox"/>	BLANKET BLDG & PP	\$
	<input type="checkbox"/>					<input type="checkbox"/>		\$
	<input type="checkbox"/>					<input type="checkbox"/>		\$
	<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY			<input type="checkbox"/>		\$
	<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"/>		\$
	<input type="checkbox"/>	TYPE OF POLICY				<input type="checkbox"/>		\$
	<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"/>		\$
	<input type="checkbox"/>					<input type="checkbox"/>		\$

**SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
Endorsement CMP-4829 Guaranteed Replacement Cost Coverage

<b>CERTIFICATE HOLDER</b>  N/A	<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 Completed by an authorized State Farm representative. If signature is required, please contact agent.
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