

ACORD	EVIDENCE C	F PROPERTY IN	SURANCE	D	ATE (MM/DD/YYYY) 5/31/2022			
ADDITIONAL INTERES COVERAGE AFFORDE	PROPERTY INSURANCE IS ISSUED T NAMED BELOW. THIS EVIDENCI D BY THE POLICIES BELOW. TH AUTHORIZED REPRESENTATIVE OR	E DOES NOT AFFIRMATIVELY IS EVIDENCE OF INSURANCE	OR NEGATIVELY AND DOES NOT CONSTITU	IEND, EXTEND	OR ALTER THE			
AGENCY	PHONE (A/C, No, Ext): (970) 824-8185	COMPANY						
Mountain West In & Fin So 100 E Victory Way Craig, CO 81625		P.O. Box 73909	United Fire Group P.O. Box 73909 Cedar Rapids, IA 52407					
FAX (A/C, No): (970) 824-8188	E-MAIL ADDRESS:							
CODE:	SUB CODE:							
AGENCY CUSTOMER ID #: TALIPOI-01								
INSURED Talisman Poi 46 East Ridge	nte Townhome Owners Association	LOAN NUMBER	LOAN NUMBER POLICY NUM 60492565					
Dattierieri W	esa, 00 01033	EFFECTIVE DATE 5/24/2022	EXPIRATION DATE 5/24/2023	CONTINU	ED UNTIL TED IF CHECKED			
	THAT	THIS REPLACES PRIOR	THIS REPLACES PRIOR EVIDENCE DATED:					
PROPERTY INFORMATION	ON	No.						
Loc # 1, Bldg # 3, 190 Talism THE POLICIES OF INSU NOTWITHSTANDING AN EVIDENCE OF PROPER	nan Dr, Pagosa Springs, CO 81147-917 nan Dr, Pagosa Springs, CO 81147-917 RANCE LISTED BELOW HAVE BEE Y REQUIREMENT, TERM OR COND TY INSURANCE MAY BE ISSUED OF RMS, EXCLUSIONS AND CONDITION	1, Building N ISSUED TO THE INSURED ITION OF ANY CONTRACT OR MAY PERTAIN, THE INSURANC	OTHER DOCUMENT \CEAFFORDED BY THE P	WITH RESPECT TO CLICIES DESCRI	O WHICH THIS BED HEREIN IS			
COVERAGE INFORMATI	ON PERILS INSURED	BASIC BROAD X SF	PECIAL		1			
BI and PD occurrence Lim Aggregate Limit Medical expense (per pers Personal & advertising inju Products & completed ope Tenants legal liability Limi Auto - hired liability - Bodi Auto - Non-owned Limit Loc # 1, Bldg # 1 Building Equipment Breakdown Bas SEE ATTACHED ACORD 10 REMARKS (Including Sp	on) Limit ury Limit erations Limit t ly injury Limit sic 1	ORMS.	AMO	\$1,000,000 \$2,000,000 \$5,000 \$1,000,000 \$2,000,000 \$100,000				
CANCELLATION								
UNITED A LIGHT								

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		ADDITIONAL INSURED		LENDER'S LOSS PAYABLE		LOSS PAYEE	
	X	MORTGAGEE					
TBK Bank, SSB, ISAOA PO Box 25048	LOAN#						
Dallas, TX 75225	AUTHORIZED REPRESENTATIVE						
	Linde Lotters						

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED				
Mountain West In & Fin Serv LLC		Talisman Pointe Townhome Owners Association 46 East Ridge, Ste 100				
POLICY NUMBER		Battlement Mesa, CO 81635				
60492565						
CARRIER	NAIC CODE					
United Fire Group	13021	EFFECTIVE DATE: 05/24/2022				

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 27 FORM TITLE: EVIDENCE OF PROPERTY INSURANCE

Coverage Information:

Loc # 1, Bldg # 2

Building, Amount of Insurance: \$652,400, Deductible: 1,000

Loc # 1, Bldg # 3

Building, Amount of Insurance: \$782,700, Deductible: 1,000 Accounts Receivable, Amount of Insurance: \$100,000