| ACORD <sup>®</sup> EVIDENCE OF COMMERCIAL PROPERTY INSURANCE  |  |            |               |                        |  |   | DATE (MM/DD/YYYY)            |  |
|---|--|------------|---------------|------------------------|--|---|------------------------------|--|
| THIS EVIDENCE OF COMMERCIAI<br>UPON THE ADDITIONAL INTEREST<br>THE COVERAGE AFFORDED BY T<br>THE ISSUING INSURER(S), AUTHO                      | NAMED BELOW. THIS E                            | VID        | ENC<br>5 EV   | E C<br>Ide             | OOES NOT AFFIRMATIVE                                   | ELY OR NEGAT  | IVELY AMEND,<br>STITUTE A CO | EXTEND OR ALTER                        |
| PRODUCER NAME,<br>CONTACT PERSON AND ADDRESS PHONE<br>(A/C, No, Ext): 9702419474  |  |            |               |                        | COMPANY NAME AND ADDR                                  | ESS   | NAI                          | C NO:                                  |
| Jesse Dryer Agency LLC  |  |            |               |                        | Mid-Century Insura                                     | ince Company  | /                            |  |
| 700 Belford Ave Ste 102   |  |            |               |                        | Member Of The Fai                                      | mers Insuran  | ce Group Of                  | Companies                              |
| Grand Junction CO 81501   |  |            |               |                        | 6301 Owensmouth  | Ave., Woodla  | nd Hills, CA 9               | 1367                                   |
|   |  |            |               |                        |  |   |                              |  |
| FAX E-MAIL<br>(A/C, No): ADDRESS:   | service@jessedryerag                           | enc        | y.c           | om                     | IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH |   |                              |  |
| CODE:   | SUB CODE:                                      |            |               |                        | POLICY TYPE  |   |                              |  |
| AGENCY<br>CUSTOMER ID #:  | GENCY<br>USTOMER ID #:                         |            |               |                        | Habitational BOP                                       |   |                              |  |
| NAMED INSURED AND ADDRESS   |  |            |               |                        | LOAN NUMBER POLICY N                                   |   |                              | BER                                    |
| The Orchard Townhomes   |  |            |               |                        |  |   | 6067551                      | 49                                     |
| 1512 Grand Ave Glenwood Springs CO 81601  |  |            |               |                        |  |   |                              | ONTINUED UNTIL<br>ERMINATED IF CHECKED |
| ADDITIONAL NAMED INSURED(S)   |  |            |               |                        | THIS REPLACES PRIOR EVIDENCE DATED:                    |   |                              |  |
| PROPERTY INFORMATION (ACOR  | D 101 may be attached if                       | mo         | re si         | bac                    | e is required) 🛛 BUIL                                  |   | BUSINESS PE                  | RSONAL PROPERTY                        |
| LOCATION / DESCRIPTION  | •  |            |               |                        | • ·• ·• ·• ·• ·• ·• ·• ·• ·• ·• ·• ·• ·•               |   |                              |  |
| 41 units in 10  | -  | _          | • •           |                        |  |   |                              |  |
|   | n Glenwood Springs                             |            | 8 0           |                        |  |   |                              |  |
| THE POLICIES OF INSURANCE LISTED<br>ANY REQUIREMENT, TERM OR CONDITI<br>BE ISSUED OR MAY PERTAIN, THE INSU<br>OF SUCH POLICIES. LIMITS SHOWN MA | ON OF ANY CONTRACT OR<br>RANCE AFFORDED BY THE | OTH<br>POL | er d<br>Icies | OC<br>S DE             | UMENT WITH RESPECT TO<br>ESCRIBED HEREIN IS SUBJ       | WHICH THIS EVI  | DENCE OF PROF                | ERTY INSURANCE MAY                     |
| COVERAGE INFORMATION  | PERILS INSURED                                 |            | SIC           |                        | BROAD SPECIA   |   |                              |  |
| COMMERCIAL PROPERTY COVERAGE AM   |  |            | 88,0          | 000                    |  |   | DED: <b>\$2</b>              | .500                                   |
|   |  | ·          | NO            | -                      |  |   |                              |  |
| BUSINESS INCOME RENTAL VAL  | UE   |            |               |                        | If YES, LIMIT:   |   | Actual Loss S                | ustained; # of months:                 |
| BLANKET COVERAGE  |  |            |               |                        | If YES, indicate value(s) rep                          | If YES, indicate value(s) reported on property identified above: \$ |                              |  |
| TERRORISM COVERAGE  |  |            |               |                        | Attach Disclosure Notice / D                           | DEC   |                              |  |
| IS THERE A TERRORISM-SPECIFIC EX  | (CLUSION?                                      |            |               |                        |  |   |                              |  |
| IS DOMESTIC TERRORISM EXCLUDED  | )?   |            |               |                        |  |   |                              |  |
| LIMITED FUNGUS COVERAGE   |  |            |               |                        | If YES, LIMIT:   |   | DED                          | :                                      |
| FUNGUS EXCLUSION (If "YES", specify orga  | anization's form used)                         |            |               |                        |  |   |                              |  |
| REPLACEMENT COST  |  | Х          |               |                        |  |   |                              |  |
| AGREED VALUE  |  |            |               |                        |  |   |                              |  |
| COINSURANCE   |  |            |               |                        | If YES, %  |   |                              |  |
| EQUIPMENT BREAKDOWN (If Applicable)   |  | Х          |               |                        | If YES, LIMIT:   |   | DED                          | \$2,500                                |
| ORDINANCE OR LAW - Coverage for loss t  | o undamaged portion of bldg                    | Х          |               |                        | If YES, LIMIT: Included                                |   | DED                          | None                                   |
| - Demolition Costs  |  | Х          |               |                        | If YES, LIMIT: <b>\$280,900</b>                        |   | DED                          | None                                   |
| - Incr. Cost of Const   | ruction  | Х          |               |                        | If YES, LIMIT: <b>\$280,800</b>                        |   | DED                          | None                                   |
| EARTH MOVEMENT (If Applicable)  |  |            |               |                        | If YES, LIMIT:   |   | DED                          | :                                      |
| FLOOD (If Applicable)   |  |            |               |                        | If YES, LIMIT:   |   | DED                          | :                                      |
|   | Subject to Different Provisions:               |            | Х             |                        | If YES, LIMIT:   |   | DED                          | :                                      |
| PERMISSION TO WAIVE SUBROGATION IN  | Subject to Different Provisions:               |            | X             |                        | If YES, LIMIT:   |   | DED                          | :                                      |
| HOLDER PRIOR TO LOSS  |  |            |               | 1                      | 1  |   |                              |  |
| CANCELLATION<br>SHOULD ANY OF THE ABOVE<br>DELIVERED IN ACCORDANCE WIT  |  |            |               | ICE                    | LLED BEFORE THE E                                      | XPIRATION DA  | TE THEREOF                   | , NOTICE WILL BE                       |
| ADDITIONAL INTEREST   |  |            |               |                        |  |   |                              |  |
| CONTRACT OF SALE LENDER'S LOSS PAYABLE LOSS PAYEE   |  |            |               | LENDER SERVICING AGENT | AME AND ADDRESS  | ;   |                              |  |
| MORTGAGEE   |  |            |               |                        |  |   |                              |  |
| NAME AND ADDRESS  |  |            |               |                        | 1  |   |                              |  |
|   |  |            |               |                        |  |   |                              |  |
|   |  |            |               |                        |  |   |                              |  |
|   |  |            |               |                        |  | AUTHORIZED REPRESENTATIVE   |                              |  |
|   |  |            |               |                        | Jesse Dryer  |   |                              |  |
|   |  |            |               |                        |  |   |                              |  |
|   |  |            |               |                        | © 2003-  | 2015 ACORD C  | CORPORATION                  | N. All rights reserved.                |

AGENCY CUSTOMER ID: \_\_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

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| AGENCY  |                      | NAMED INSURED                           |  |  |  |  |  |  |
|---|----------------------|---|--|--|--|--|--|--|
| Jesse Dryer Agency LLC  |                      | The Orchard Townhomes                   |  |  |  |  |  |  |
| POLICY NUMBER   |                      |   |  |  |  |  |  |  |
| 606755149   |                      |   |  |  |  |  |  |  |
| CARRIER   | NAIC CODE            |   |  |  |  |  |  |  |
| Mid-Century Insurance Company   |                      | EFFECTIVE DATE: 08/01/2021 - 08/01/2022 |  |  |  |  |  |  |
| ADDITIONAL REMARKS  |                      |   |  |  |  |  |  |  |
|   |                      |   |  |  |  |  |  |  |
| THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC   |                      |   |  |  |  |  |  |  |
| FORM NUMBER: 28 FORM TITLE: EVIDENCE OF   | COMMERCI             | AL PROPERTY INSURANCE                   |  |  |  |  |  |  |
| Coverage Limit Of Insurance Deductible/Waiting Period   |                      |   |  |  |  |  |  |  |
| Building GRC \$8,988,000 \$2,500  |                      |   |  |  |  |  |  |  |
| Accounts Receivables - On-Premises \$5,000 \$2,500  |                      |   |  |  |  |  |  |  |
| Building - Automatic Increase Amount 8%   |                      |   |  |  |  |  |  |  |
| Building Ordinance Or Law - 1 (Undamaged Part) Included Non   | e                    |   |  |  |  |  |  |  |
| Building Ordinance Or Law - 2 (Demolition Cost) \$280,900 None  | •                    |   |  |  |  |  |  |  |
| Building Ordinance Or Law - 3 (Increased Cost) \$280,800 None   |                      |   |  |  |  |  |  |  |
| Building Ordinance Or Law - Increased Period of Restoration In  | cluded None          |   |  |  |  |  |  |  |
| Debris Removal 25% Of Loss + 10,000   |                      |   |  |  |  |  |  |  |
| Electronic Data Processing Equipment \$10,000 \$2,500   |                      |   |  |  |  |  |  |  |
| Equipment Breakdown Included \$2,500  |                      |   |  |  |  |  |  |  |
| Equipment Breakdown - Ammonia Contamination \$25,000  |                      |   |  |  |  |  |  |  |
| Equipment Breakdown - Drying Out Coverage Included  |                      |   |  |  |  |  |  |  |
| Equipment Breakdown - Expediting Expenses Included  |                      |   |  |  |  |  |  |  |
| Equipment Breakdown - Hazardous Substances \$25,000   |                      |   |  |  |  |  |  |  |
| Equipment Breakdown - Water Damage \$25,000   |                      |   |  |  |  |  |  |  |
| Exterior Building Glass Included \$100  |                      |   |  |  |  |  |  |  |
| Glass Deductible Buyback Included   |                      |   |  |  |  |  |  |  |
| Outdoor Property \$50,000 \$2,500   |                      |   |  |  |  |  |  |  |
| Outdoor Property - Trees, Shrubs & Plants (Per Item) \$25,000 \$  | 2,500                |   |  |  |  |  |  |  |
| Personal Effects \$2,500 \$2,500  |                      |   |  |  |  |  |  |  |
| Specified Property \$10,000 \$2,500   |                      |   |  |  |  |  |  |  |
| Valuable Paper And Records - On-Premises \$5,000 \$2,500  |                      |   |  |  |  |  |  |  |
|   |                      |   |  |  |  |  |  |  |
| Accounts Receivables - Off-Premises \$2,500 \$2,500   |                      |   |  |  |  |  |  |  |
| Association Fees And Extra Expense \$100,000  |                      |   |  |  |  |  |  |  |
| Back Up Of Sewers Or Drains \$50,000 \$2,500  |                      |   |  |  |  |  |  |  |
| Crime Conviction Reward \$5,000 None  |                      |   |  |  |  |  |  |  |
| Drone Aircraft - Direct Damage (per occurrence) \$10,000 \$2,500  |                      |   |  |  |  |  |  |  |
| Drone Aircraft - Direct Damage (per item) \$2,500 \$2,500   |                      |   |  |  |  |  |  |  |
| Employee Dishonesty \$100,000 \$500<br>Fire Department Service Charge \$25,000 None   |                      |   |  |  |  |  |  |  |
| Fire Extinguisher Systems Recharge Expense \$5,000 None   |                      |   |  |  |  |  |  |  |
| Forgery And Alteration \$2,500 \$2,500  |                      |   |  |  |  |  |  |  |
|   | 10 000 \$2 500       |   |  |  |  |  |  |  |
| Limited Biohazardous Substance Coverage - Per Occurrence \$10,000 \$2,500   |                      |   |  |  |  |  |  |  |
| Limited Biohazardous Substance Coverage - Aggregate \$20,000 \$2,500<br>Limited Cov Fungi Wet Rot Dry Rot & Bacteria - Aggregate \$15,000 \$2,500 |                      |   |  |  |  |  |  |  |
| Master Key \$10,000 None  | 0,000 <b>4</b> 2,000 |   |  |  |  |  |  |  |
| Master Key - Per Lock \$100 None  |                      |   |  |  |  |  |  |  |
| Money And Securities - Inside Premises \$10,000 \$500   |                      |   |  |  |  |  |  |  |
| Money And Securities - Inside Premises \$10,000 \$500<br>Money And Securities - Outside Premises \$10,000 \$500                                   |                      |   |  |  |  |  |  |  |
| Money And Securities - Outside Fremises \$ 10,000 \$500<br>Money Orders And Counterfeit Paper Currency \$1,000 \$2,500                            |                      |   |  |  |  |  |  |  |
| Newly Acquired Or Constructed Property \$250,000 \$2,500  |                      |   |  |  |  |  |  |  |
| Outdoor Signs \$50,000 \$500  |                      |   |  |  |  |  |  |  |
| Outdoor Signs - Per Sign \$25,000 \$500   |                      |   |  |  |  |  |  |  |
| Personal Property At Newly Acquired Premises \$100,000 \$2,500  |                      |   |  |  |  |  |  |  |
| Personal Property Off Premises \$5,000 \$2,500  |                      |   |  |  |  |  |  |  |
| Premises Boundary 100 Feet  |                      |   |  |  |  |  |  |  |
| Preservation Of Property 30 Days  |                      |   |  |  |  |  |  |  |
| Valuable Paper And Records - Off-Premises \$2,500 \$2,500   |                      |   |  |  |  |  |  |  |
| · · · · · · · · · · · · · · · · · · ·   |                      |   |  |  |  |  |  |  |

ACORD 101 (2008/01)

MER ID: \_\_\_\_\_ LOC #: \_\_\_\_\_ AGENCY CUSTOMER ID:



## ADDITIONAL REMARKS SCHEDULE

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|  |           |   | - <u> </u> |  |  |  |  |  |  |
|--|-----------|---|------------|--|--|--|--|--|--|
| AGENCY   |           | NAMED INSURED<br>The Orchard Townhomes  |            |  |  |  |  |  |  |
| Jesse Dryer Agency LLC   |           |   |            |  |  |  |  |  |  |
| POLICY NUMBER  |           |   |            |  |  |  |  |  |  |
| 606755149  |           | -                                       |            |  |  |  |  |  |  |
|  | NAIC CODE |   |            |  |  |  |  |  |  |
| Mid-Century Insurance Company  |           | EFFECTIVE DATE: 08/01/2021 - 08/01/2022 |            |  |  |  |  |  |  |
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| THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC                          |           |   |            |  |  |  |  |  |  |
| FORM NUMBER: 28 FORM TITLE: EVIDENCE OF COMMERCIAL PROPERTY INSURANCE      |           |   |            |  |  |  |  |  |  |
| Coverage Amount/Date   |           |   |            |  |  |  |  |  |  |
| General Aggregate (Other Than Products & Completed Operations) \$2,000,000 |           |   |            |  |  |  |  |  |  |
| Products And Completed Operations Aggregate \$1,000,000                    |           |   |            |  |  |  |  |  |  |
| Personal And Advertising Injury Included                                   |           |   |            |  |  |  |  |  |  |
| Each Occurrence \$1,000,000  |           |   |            |  |  |  |  |  |  |
| Tenants Liability (Each Occurrence) \$75,000                               |           |   |            |  |  |  |  |  |  |
| Medical Expense (Each Person) \$5,000                                      |           |   |            |  |  |  |  |  |  |
| Pollution Exclusion - Hostile Fire Exception Included                      |           |   |            |  |  |  |  |  |  |
| Directors & Officers Liability - Per Claim \$1,000,000                     |           |   |            |  |  |  |  |  |  |
| Directors & Officers Liability - Aggregate \$1,000,000                     |           |   |            |  |  |  |  |  |  |
| Directors & Officers Liability - Self Insured Retention \$1                | ,000      |   |            |  |  |  |  |  |  |
| Directors & Officers Liability - Discrimination Included                   | -         |   |            |  |  |  |  |  |  |
| Directors & Officers Liability Retroactive Date 08/01/201                  | 9         |   |            |  |  |  |  |  |  |
| Hired Auto Liability \$1,000,000   |           |   |            |  |  |  |  |  |  |
| Non-Owned Auto Liability \$1,000,000                                       |           |   |            |  |  |  |  |  |  |
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