



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

04/04/2024

THIS EVIDENCE OF COMMERCIAL 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.

PRODUCER NAME, CONTACT PERSON AND ADDRESS Tiffany Ventura(76242AL)		PHONE (A/C, No, Ext): 801-569-2886	COMPANY NAME AND ADDRESS Truck Insurance Exchange		NAIC NO: 21709
68 W Center St Midvale UT 84047-7388		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH			
FAX (A/C, No): 801-679-0132	E-MAIL ADDRESS: tventura1@farmersagent.com				
CODE:	SUB CODE:		POLICY TYPE Habitational		
AGENCY CUSTOMER ID #:		LOAN NUMBER		POLICY NUMBER 606639297	
NAMED INSURED AND ADDRESS HIDDEN LAKE CONDOMINIUM HOA PO BOX 57115 SALT LAKE CTY UT 84157		EFFECTIVE DATE 12/08/2023	EXPIRATION DATE 12/08/2024	<input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
ADDITIONAL NAMED INSURED(S)		THIS REPLACES PRIOR EVIDENCE DATED:			

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION 4673 S BLACK SWAN DR Salt Lake City UT 84117
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	<input checked="" type="checkbox"/>
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 27506900		DED: 25000				
	YES	NO	N/A			
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	<input checked="" type="checkbox"/>			If YES, LIMIT: 100000	Actual Loss Sustained; # of months:	
BLANKET COVERAGE		<input checked="" type="checkbox"/>		If YES, indicate value(s) reported on property identified above: \$		
TERRORISM COVERAGE	<input checked="" type="checkbox"/>			Attach Disclosure Notice / DEC		
IS THERE A TERRORISM-SPECIFIC EXCLUSION?			<input checked="" type="checkbox"/>			
IS DOMESTIC TERRORISM EXCLUDED?			<input checked="" type="checkbox"/>			
LIMITED FUNGUS COVERAGE	<input checked="" type="checkbox"/>			If YES, LIMIT: \$15,000	DED:	
FUNGUS EXCLUSION (If "YES", specify organization's form used)	<input checked="" type="checkbox"/>			Farmers Proprietary		
REPLACEMENT COST	<input checked="" type="checkbox"/>					
AGREED VALUE		<input checked="" type="checkbox"/>				
COINSURANCE	<input checked="" type="checkbox"/>			If YES, 80 %		
EQUIPMENT BREAKDOWN (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT:	DED:	
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/>			If YES, LIMIT: 27506900	DED:	
- Demolition Costs	<input checked="" type="checkbox"/>			If YES, LIMIT: 687700	DED:	
- Incr. Cost of Construction	<input checked="" type="checkbox"/>			If YES, LIMIT: 687645	DED:	
EARTH MOVEMENT (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT:	DED:	
FLOOD (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT:	DED:	
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>			If YES, LIMIT:	DED: PROP DED 25000	
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:			<input checked="" type="checkbox"/>	If YES, LIMIT:	DED:	
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS						

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

CONTRACT OF SALE	LENDER'S LOSS PAYABLE	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE			
NAME AND ADDRESS Insured Copy			AUTHORIZED REPRESENTATIVE Tiffany Ventura

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