



EVIDENCE OF FLOOD INSURANCE

DATE (MM/DD/YYYY)
03/27/2026

THIS EVIDENCE OF FLOOD 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.

INSURANCE AGENT / PRODUCER Froman Insurance Agency LLC PO Box 3000 #518 Edwards CO 81632	CONTACT NAME: Lee Froman	
	PHONE (A/C. No. Ext): 970-845-8910	FAX (A/C. No.): 970-845-8460
E-MAIL ADDRESS: lfroman@farmersagent.com		
PRODUCER CUSTOMER ID #:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Fire Insurance Exchange		21660
INSURER B:		
INSURER C:		
EVIDENCE NUMBER:		
REVISION NUMBER:		PAGE COUNT:
THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (Use REMARKS, if more space is required)

LOCATION / DESCRIPTION
963 Lions Ridge Loop Building 500, Vail, CO 81657

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 / RISK INFORMATION * 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION

DATE OF CONSTRUCTION 07/01/1972	CURRENT FLOOD ZONE AE	FLOOD RISK / RATED ZONE AE	GRANDFATHERED? <input type="checkbox"/> N <input type="checkbox"/> Y / N	BUILDING OCCUPANCY TYPE <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> 2 - 4 FAMILY <input checked="" type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL	CONTENTS COVERAGE TYPE <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL <input checked="" type="checkbox"/> N/A
REPLACEMENT COST \$4,000,000	CONDOMINIUM COVERAGE IS FOR (Check One): <input type="checkbox"/> UNIT OWNER <input checked="" type="checkbox"/> ASSOCIATION BUILDING		# UNITS 15		
PRIMARY POLICY		POLICY NUMBER: 8718640143-2026		* EFFECTIVE DATE: 03/27/2026	
				* EXPIRATION DATE: 03/27/2027	
INS LTR	COVERAGE	DEDUCTIBLE	TOTAL AMOUNT OF INSURANCE	MARKET	POLICY FORM
	BUILDING	\$5,000	\$3,750,000	<input checked="" type="checkbox"/> NFIP / WYO <input type="checkbox"/> PRIVATE / ALT. MARKET	<input type="checkbox"/> DWELLING FORM <input type="checkbox"/> GENERAL PROPERTY FORM <input checked="" type="checkbox"/> RESIDENTIAL CONDO BLDG ASSOCIATION POLICY FORM
	CONTENTS				<input checked="" type="checkbox"/> STANDARD POLICY <input type="checkbox"/> PREFERRED RISK POLICY
EXCESS POLICY 1		INDICATES EXCESS POLICY IS A "FOLLOWING FORM" POLICY TYPE		POLICY NO:	
				* EFFECTIVE DATE:	
				* EXPIRATION DATE:	
INS LTR	COVERAGE	DEDUCTIBLE	TOTAL AMOUNT OF INSURANCE	MARKET	POLICY FORM
	BUILDING			<input type="checkbox"/> NFIP / WYO <input type="checkbox"/> PRIVATE / ALT. MARKET	<input type="checkbox"/> DWELLING FORM <input type="checkbox"/> GENERAL PROPERTY FORM <input type="checkbox"/> RESIDENTIAL CONDO BLDG ASSOCIATION POLICY FORM
	CONTENTS				<input type="checkbox"/> STANDARD POLICY <input type="checkbox"/> PREFERRED RISK POLICY
EXCESS POLICY 2		INDICATES EXCESS POLICY IS A "FOLLOWING FORM" POLICY TYPE		POLICY NO:	
				* EFFECTIVE DATE:	
				* EXPIRATION DATE:	
INS LTR	COVERAGE	DEDUCTIBLE	TOTAL AMOUNT OF INSURANCE	MARKET	POLICY FORM
	BUILDING			<input type="checkbox"/> NFIP / WYO <input type="checkbox"/> PRIVATE / ALT. MARKET	<input type="checkbox"/> DWELLING FORM <input type="checkbox"/> GENERAL PROPERTY FORM <input type="checkbox"/> RESIDENTIAL CONDO BLDG ASSOCIATION POLICY FORM
	CONTENTS				<input type="checkbox"/> STANDARD POLICY <input type="checkbox"/> PREFERRED RISK POLICY
		BUSINESS INCOME		EXTRA EXPENSE	
		ADDITIONAL LIVING EXPENSE		IF "YES", LIMIT: \$	
		ACTUAL LOSS SUSTAINED		# OF MONTHS:	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

****Total amount of insurance for property / dwelling is max coverage per condo available under the National Flood Insurance Program****

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

NAME AND ADDRESS Client Copy	LOAN NUMBER:	
	ADDITIONAL INSURED	MORTGAGEE
	LENDER'S LOSS PAYABLE	UNIT-OWNER'S MORTGAGEE (Does not imply interest)
	LOSS PAYEE	
NAMED ON POLICY (Check all that apply)		
<input type="checkbox"/> PRIMARY		
<input type="checkbox"/> EXCESS POLICY 1		
<input type="checkbox"/> EXCESS POLICY 2		
AUTHORIZED REPRESENTATIVE		
Lee Froman		