



# EVIDENCE OF FLOOD INSURANCE

DATE (MM/DD/YYYY)  
02/06/2024

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 19000 #200  
Avon CO 81620

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 #:NAMED INSURED AND ADDRESS  
Breakaway West Condominium Association  
PO Box 1743  
Vail CO 81658

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 checked="" type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> 2 - 4 FAMILY <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: 8704947189-2020		* EFFECTIVE DATE: 03/27/2023	* EXPIRATION DATE: 03/27/2025		
INS LTR	COVERAGE	DEDUCTIBLE	TOTAL AMOUNT OF INSURANCE	MARKET	POLICY FORM	PRODUCT TYPE	
	BUILDING	\$5,000	\$3,750,000	<input checked="" type="checkbox"/> NFIP / WYO	<input type="checkbox"/> DWELLING FORM <input type="checkbox"/> GENERAL PROPERTY FORM <input checked="" type="checkbox"/> RESIDENTIAL CONDO BLDG ASSOCIATION POLICY FORM	<input checked="" type="checkbox"/> STANDARD POLICY <input type="checkbox"/> PREFERRED RISK POLICY	<input type="checkbox"/> PREFERRED RISK POLICY ELIGIBILITY EXTENSION <input type="checkbox"/> GROUP FLOOD INSURANCE POLICY <input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM POLICY
	CONTENTS			<input type="checkbox"/> PRIVATE / ALT. MARKET			
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	PRODUCT TYPE	
	BUILDING			<input type="checkbox"/> NFIP / WYO	<input type="checkbox"/> DWELLING FORM <input type="checkbox"/> GENERAL PROPERTY FORM <input type="checkbox"/> RESIDENTIAL CONDO BLDG ASSOCIATION POLICY FORM	<input type="checkbox"/> STANDARD POLICY <input type="checkbox"/> PREFERRED RISK POLICY	<input type="checkbox"/> PREFERRED RISK POLICY ELIGIBILITY EXTENSION <input type="checkbox"/> GROUP FLOOD INSURANCE POLICY <input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM POLICY
	CONTENTS			<input type="checkbox"/> PRIVATE / ALT. MARKET			
		BUSINESS INCOME	EXTRA EXPENSE	ADDITIONAL LIVING EXPENSE If "YES", LIMIT: \$		ACTUAL LOSS SUSTAINED # OF MONTHS:	
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	PRODUCT TYPE	
	BUILDING			<input type="checkbox"/> NFIP / WYO	<input type="checkbox"/> DWELLING FORM <input type="checkbox"/> GENERAL PROPERTY FORM <input type="checkbox"/> RESIDENTIAL CONDO BLDG ASSOCIATION POLICY FORM	<input type="checkbox"/> STANDARD POLICY <input type="checkbox"/> PREFERRED RISK POLICY	<input type="checkbox"/> PREFERRED RISK POLICY ELIGIBILITY EXTENSION <input type="checkbox"/> GROUP FLOOD INSURANCE POLICY <input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM POLICY
	CONTENTS			<input type="checkbox"/> PRIVATE / ALT. MARKET			
		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

LOAN NUMBER:

NAME AND ADDRESS

HOA Copy

ADDITIONAL INSURED

LENDER'S LOSS PAYABLE

LOSS PAYEE

MORTGAGEE

UNIT-OWNER'S MORTGAGEE (Does not imply interest)

NAMED ON POLICY (Check all that apply)

PRIMARY

EXCESS POLICY 1

EXCESS POLICY 2

AUTHORIZED REPRESENTATIVE

Lee Froman

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