



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
7/11/2025

THIS EVIDENCE OF 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.

AGENCY <b>Mountain West In &amp; Fin Serv LLC</b> 100 E Victory Way Craig, CO 81625	PHONE (A/C, No, Ext): <b>(970) 824-8185</b>	COMPANY <b>AmTrust Insurance Company of Kansas</b> PO Box 650771 Dallas, TX 75265	
FAX (A/C, No): <b>(970) 824-8188</b>	E-MAIL ADDRESS:		
CODE:	SUB CODE:		
AGENCY CUSTOMER ID #: <b>HORITOW-01</b>			
INSURED <b>Horizon Towers Condominium Association</b> 1111 Horizon Dr Grand Junction, CO 81506	LOAN NUMBER	POLICY NUMBER <b>KPP106967 00</b>	
	EFFECTIVE DATE <b>6/1/2025</b>	EXPIRATION DATE <b>6/1/2026</b>	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:			

### PROPERTY INFORMATION

LOCATION/DESCRIPTION <b>Loc # 1, Bldg # 1, 1111 Horizon Drive, Grand Junction, CO 81506, Building</b>
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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

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE	
			PERILS INSURED
<b>Loc # 1, Bldg # 1</b> <b>Building, Special (Including theft)</b>	<b>\$41,603,673</b>	<b>25,000</b>	

### REMARKS (Including Special Conditions)

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### 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

<b>FOR INFORMATION ONLY</b>	NAME AND ADDRESS	ADDITIONAL INSURED	LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
		MORTGAGEE		
		LOAN #		
	AUTHORIZED REPRESENTATIVE 			