



ADDITIONAL REMARKS SCHEDULE

AGENCY Randy Bales State Farm		NAMED INSURED PITCHFORK TOWNHOMES ASSOCIATION, INC	
POLICY NUMBER TBA		PO box 2776 CRESTED BUTTE CO 81224	
CARRIER State Farm Fire and Casualty Company	NAIC CODE 25143	EFFECTIVE DATE: 05/24/2025	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 101 **FORM TITLE:** Building Locations: Covered at GUARANTEED REPLACEMENT COST

All Peril Deductible= \$10,000 per building
 Wind/Hail Deductible= 1%

Back Up of Sewer/Drain= Included
 Building Limit= Guaranteed Replacement Cost

Director & Officers= Included
 Employee dishonesty= Included
 Equipment Breakdown= Included
 Loss of Income & Extra Expense= 12 Months
 Ordinance & Law= Included
 Wavier of Subrogation= Included

Inflation Guard is included on policy. Limits are reviewed annually to ensure adequate building coverage on the project.
 This coverage applies only to the named insured shown on the certificate and does not apply to any other property, business or association.
 This is a Walls Out Only policy.

BUILDINGS=7 UNITS= 25
 100% Guaranteed Replacement Cost
 Location Addresses covered by Policy

101,102, 103, 104, 105, 106, 107, 108, 201, 203 PITCHFORK DR
 101, 102, 103, 107, 109,110, 111, 112, 114 BIG SKY
 502, 504, 505, 506, 507, 508 HORSESHOE

*******PLEASE READ*******

Insurance is for Building structures and common areas for which the Association has a requirement to insure per the governing documents. The governing documents showing the insurance requirement of the Association can only be provided by the Unit Owner or the Community Manager. Each Unit Owner or their Tenant may be required to carry an HO6 (owner's policy) or HO4 (tenant's policy) and should consult their own insurance agent to confirm coverages needed.