



AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: 001**ADDITIONAL REMARKS SCHEDULE**

Page \_\_\_\_ of \_\_\_\_

AGENCY <b>Kinser Insurance Agency</b>		NAMED INSURED <b>22 Station Owners Association</b>	
POLICY NUMBER <b>SEE PAGE 1</b>		PO Box 2025 <b>Olympic Valley, CA 96146</b>	
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 24 FORM TITLE: Certificate of Property Insurance

**Additional Information:**

Current Replacement Cost Estimate: \$80,633,060

\*\*Guaranteed Replacement Cost - NOT AVAILABLE\*\*

170 Total Units

**Ordinance or Law:**

Coverage A - Included

Coverage B/C - \$2,000,000

Coinsurance: Nil

Agreed Value: Included

Inflation Guard: Included - 8%

Equipment Breakdown: Included

Separation of Insured: Included in GL form CG0001

Fidelity Bond: Property Manager &amp; non-compensated employees included: Yes