

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

JWILLS

**MOUNVIE-15** 

					<b>\DIL</b>		URAN		2	/1/2022													
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.																							
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).																							
	DUCER	CONTACT NAME:																					
The Mahoney Group - Phoenix 20333 North 19th Avenue, Suite 200						PHONE (A/C, No, Ext): (623) 215-1300 FAX (A/C, No): (623) 215-1333																	
Phoenix, AZ 85027						E-MAIL ADDRESS:																	
								RDING COVERAGE		NAIC #													
					INSURER A : Massachusetts Bay Insurance Co					22306													
INSURED Mountain View Business Park Office				Condominiums	INSURER B : Continental Casualty Company					20443													
	c/o Vision Community Mana	gem		Condominants																			
	16625 S Desert Foothills Pk Phoenix, AZ 85048	wy			INSURER D :																		
	T HOEHIX, AZ 03040				INSURER E :																		
CC	VERAGES CER	ENUMBER:	REVISION NUMBER:																				
THIS IS TO CERTIFY THAT 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 TH CERTIFICATE 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.																							
INSF LTR		ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs														
A	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	2,000,000													
	CLAIMS-MADE X OCCUR	Х		OD4A184344		1/1/2022	1/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000 5,000													
								MED EXP (Any one person)	\$	2,000,000													
								PERSONAL & ADV INJURY	\$	4,000,000													
GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	\$	4,000,000													
OTHER:								PRODUCTS - COMP/OP AGG	\$ \$	2,000,000													
Α	-						1/1/2023	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000													
	ANY AUTO			OD4A184344		1/1/2022		BODILY INJURY (Per person)	\$														
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$														
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$														
									\$	4 000 000													
<b>A</b>	X UMBRELLA LIAB X OCCUR			OD4A184344		1/1/2022	1/1/2023	EACH OCCURRENCE	\$	1,000,000													
	EXCESS LIAB CLAIMS-MADE			0047104344		1/1/2022	1/1/2025	AGGREGATE	\$	1,000,000													
	DED RETENTION \$							PER OTH-	\$														
								E.L. EACH ACCIDENT	\$														
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE															
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT															
В		X		618943445		1/1/2022	1/1/2023	5,000 Ded		1,000,000													
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Carrier A/Policy OD4A184344: Total Building Limit: \$4,558,650 subject to \$2,500 deductible. Special Form. Replacement Cost. Bare Wall Coverage.																							
		CANCELLATION																					
Vision Community Management 16625 S Desert Foothills Pkwy Phoenix, AZ 85048						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.																	
													ORD 25 (2016/03)					© 1988-2015 ACORD CORPORATION. All rights reserved.					
												AU	UND 23 (2010/03)					U 19		UND CORFORATION.	ALL LIG		

### THE MAHONEY GROUP



20333 N. 19<sup>th</sup> Ave. #200, PHOENIX, AZ 85027 Phone # 623-215-1300 / Fax # 623-215-1333 Email: HOA@mahoneygroup.com

# **Mountain View Business Park Office Condo Assoc**

2022 Unit Owner Letter

At the request of your Board of Directors, we are pleased to announce that The Mahoney Group has been selected to provide the Master Insurance Policy for your Association. We have enclosed a Certificate of Insurance for your review and records.

<u>Condo Owners will need to have a policy for those items **not covered** by the Master Policy, such as damages falling below the Master Policy deductible of \$2,500 for All Perils and **the complete interiors of the unit from the drywall inside the unit.** Condo Owner is responsible for wall coverings, floor coverings, paint and paneling; additions, alterations and improvements supplied or installed by the Unit Owners (previous or current); furniture, furnishings or other personal property owned by the Unit Owners.</u>

#### A Unit Owner's insurance policy should include the following:

- Coverage for Unit Owner's personal property, including theft of property.
- Coverage for damaged property that both falls below the Master Policy deductible of \$2,500 and is excluded from the Master Policy's property coverage, which is the complete interior of the unit. Each unit owner is responsible for wall coverings, floor coverings, paint and paneling; additions, alterations and improvements supplied or installed by the Unit Owners (previous or current); furniture, furnishings or other personal property owned by the Unit Owners.
- Mold Coverage is excluded under the Master Policy, but some personal policies offer this coverage for an additional premium. Please check with your agent for limits and rates.
- A Loss Assessment Endorsement. This provides coverage in the event you as a Unit Owner are assessed by the Association for a covered loss.
- Coverage for the Unit Owner's personal liability.
- Additional Living Expenses/Loss of Use/Loss of Rents.
- Any other coverage you and your personal insurance agent deem necessary.

The amount of coverage and/or policy limits on the unit owner's personal policy is to be determined by the Unit Owner and his/her personal insurance agent.

Claims for any Association-covered items must be submitted through your Property Manager.

We strongly recommend that you contact your personal insurance agent and review your Association's CC&R's to make sure you are adequately insured in the event of a loss. If you do not have a personal insurance policy, or would like a competitive quote on your current policy, please contact our personal lines department at the number below.

# The Mahoney Group Who To Call:

Account Executive: Nicole Smith 623-215-1341 Certificates Of Insurance: <u>HOA@mahoneygroup.com</u> Personal Lines Quotes: Jennifer Martinez 480-214-2703