
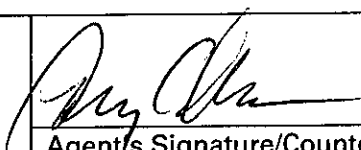


93-CZ-46860 <hr/>	Policy Number Replaced Policy Number	EVIDENCE OF INSURANCE <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="flex: 1;"> CONDOMINIUM/ ASSOCIATION POLICY </div> <div style="text-align: right;">  </div> </div>	
Coverage afforded by this policy is provided by the Company indicated below: <input checked="" type="checkbox"/> STATE FARM FIRE AND CASUALTY COMPANY A Stock Company, Bloomington, Illinois <input type="checkbox"/> STATE FARM GENERAL INSURANCE COMPANY A Stock Company, Bloomington, Illinois <input type="checkbox"/> STATE FARM LLOYDS COMPANY A Lloyds Company, Dallas, Texas This is to certify that the Company indicated above has the following insurance in force:			
Unitowner's Name and Mailing Address LOCATION: 2560 E VAUGHN COURT, GILBERT, AZ 85234			
Insured's Name and Mailing Address WHITEWING HOMEOWNERS ASSN C/O VISION COMMUNITY MANAGEMENT 9633 S 48 TH ST, STE 150 PHOENIX, AZ 85044		Automatic Renewal - If the Policy Period is shown as 12 Months , this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee written notice in compliance with the policy provisions or as required by law.	
<div style="display: flex; justify-content: space-between;"> <div> <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 2px;">11/16/22</div> <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 2px;">12 Months</div> <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 2px;">11/16/23</div> </div> <div> Effective Date Policy Period Expiration of Policy Period </div> </div>	The Policy Period begins and ends at 12:01 a.m. Standard Time at the building unless otherwise stated. <input checked="" type="checkbox"/> Noon Standard Time		
Policy Type <input type="checkbox"/> Basic Form 1 <input checked="" type="checkbox"/> Special Form 3			
Limits of Liability \$ 415,400 \$ 1,000,000		Coverage A Buildings L Business Liability	
Deductible \$ 1,000		In case of a loss we cover only that part of the loss over the deductible stated.	
Forms, Options & Endorsements <div style="display: flex; justify-content: space-between;"> <div> CMP-4100 BUSN COVG FORM CMP-4705 LOSS OF INCOME CMP-4710 EMPL DISHONESTY \$25,000 CMP-4508 MONEY & SECURITIES \$10,000 </div> <div> CMP-4814 DIRECTORS & OFFICERS CMP-4550 RESIDENTIAL COMMUNITY ENDT CMP-4203 AMENDATORY ENDT </div> </div>			
Unitowner Mortgagee _____		Loan Number _____	
***THIS POLICY IS A COMMON GROUND POLICY. IT DOES NOT PROVIDE BUILDING COVERAGE FOR INDIVIDUAL UNITOWNERS OR ANY MORTGAGEES.		<div style="text-align: right;">  Agent's Signature/Countersignature 03-1770 </div>	
		Agent's Code (602) 274-4242	
		Telephone Number 11/10/2022	
		Date	