

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 06/07/2023

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.

COVERAGE	ES C	ERTIFICATE NUMBER	! :		REVISION NU	MBER:	
F	PHOENIX,	AZ	85016-7030	INSURER F :			
_				INSURER E :			
				INSURER D :	:		
3	OUZU IN ZI I II WAT			INSURER C :	:		
_	3625 N 27TH WAY	INC		INSURER B :	:		
INSURED	SAHUARO TOWNHOUSES	INC		INSURER A :	State Farm Fire and Casualty Company	/	25143
	Phoenix,	AZ	85021-5292		INSURER(S) AFFORDING COVERAGE		NAIC #
				PRODUCER CUSTOMER I	ID		
	1820 W Northern Ave S	ite 100		E-MAIL ADDRESS:	chris.mccoy.vad49u@statefarm.com		
State Farm .	Chris McCoy			PHONE (A/C, No, Ext)	_{):} (602) 997-7300	FAX (AC, NO):	(602) 997-2364
PRODUCER				CONTACT NAME:	Chris McCoy		
	MINITE OIL INGBOOLI	, , , , , , , , , , , , , , , , , , , ,					

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
REFER TO ACORD 101.

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 THIS 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.

INSR LTR		TYPE OF IN	SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
		PROPERTY					BUILDING	\$
	CAU	SES OF LOSS	DEDUCTIBLES				PERSONAL PROPERTY	\$
		BASIC	BUILDING \$1,000.00	1			BUSINESS INCOME	\$ SEE ACORD 101
		BROAD	CONTENTS	-			EXTRA EXPENSE	\$ SEE ACORD 101
		SPECIAL		93-21-8163-6	05/23/2023	05/23/2024	RENTAL VALUE	\$ SEE ACORD 101
		EARTHQUAKE		93-21-6103-0	05/25/2025	05/25/2024	BLANKET BUILDING	\$ \$2,596,000
		WIND		1			BLANKET PERS PROP	\$
		FLOOD		1			BLANKET BLDG & PP	\$
				1				\$
				1				\$
		INLAND MARINE		TYPE OF POLICY				\$
	CAU	ISES OF LOSS						\$
		NAMED PERILS		POLICY NUMBER				\$
								\$
		CRIME						\$
	TYP	E OF POLICY						\$
								\$
		BOILER & MACH						\$ _
		EQUIPMENT BK	EARDOWN					\$
								\$
								\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
REFER TO ACORD 101.

CERTIFICATE HOLDER				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.		
	SAHUARO TOWNHOUSES INC 3625 N 27th Way			AUTHORIZED REPRESENTATIVE		
	Phoenix,	ΑZ	85016-7030	IF SIGNATURE IS REQUIRED, PLEASE CONTACT AGENT.		

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AGENCY CUSTOMER ID:	
LOC#	



ADDITIONAL REMARKS SCHEDULE

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AGENCY	NAMED INSURED		
Chris McCoy	SAHUARO TOWNHOUSES INC		
POLICY NUMBER			
93-21-8163-6			
CARRIER	NAIC CODE		
State Farm Fire and Casualty Company	25143	EFFECTIVE DATE: 05/23/2023	

ADDITIONAL REMARKS

	THIS ADDITIONAL REMAR	KS FORM IS A SCHEDULE TO ACORD FORM.
L	FORM NUMBER: 24	FORM TITLE: Certificate of Property Insurance

Unit Owner:

SAHUARO TOWNHOUSES INC - 3625 N 27th Way - Phoenix, - AZ - 85016-7030 - Unit Loan Number: N/A - Number Of Units: 0012

Association Type: Residential Community Association Policy

Forms, Options and Endorsements:

Forms, Options and Endorsements:

CMP-4100	Businessowners Coverage Form	CMP-4829	Guaranteed Replacement Cost
CMP-4814	Dir & Officers \$1,000,000	CMP-4203.2	Amendatory Endorsement
FE-6999.3	Terrorism Insurance Cov Notice	CMP-4550	Residential Community Assoc
CMP-4710	Emp Dishonesty \$25,000	CMP-4508	Money and Securities
CMP-4705.2	Loss of Income & Extra Expense	CMP-4768	Addl Condo Prop Not Covered
FE-3650	Actual Cash Value Endorsement	CMP-4573	Policy Endorsement

Coverages:

Business Liability	\$1,000,000
Medical Payments	\$5,000
Products-Completed Operations	\$2,000,000
General Aggregate	\$2,000,000

Coverage

Unless otherwise endorsed, this policy provides replacement cost coverage on described property and common areas detailed within the Association Covenants, Conditions, and Restrictions (CC&Rs) including the following types of property within a unit, regardless of ownership:

1. Fixtures, improvements and alterations that are a part of the building or structure; and

2. Appliances such as those used for refrigerating, ventilating, cooking, dishwashing, laundering, security or housekeeping.

Replacement cost coverage is subject to the terms and conditions of the policy and any endorsements.

Coverage under this policy may have been modified to provide actual cash value coverage rather than replacement cost coverage, or to remove specified property from coverage, if any endorsement containing in its title "ACV" or "Actual Cash Value," or "Additional Property Not Covered" is identified on this Certificate of Insurance.

Endorsements: FE-3650, FE-3653, FE-3658, and FE-3659 (Actual Cash Value) - These endorsements describe what the term "actual cash value" means where used in the policy. *However, these endorsements do not change any replacement cost coverage provided by the policy.*

This policy provides coverage on a standalone/individual condominium association.

Commercial General Liability

State Farm refers to this coverage as Business Liability Coverage. Coverage amount shown is Per Occurrence.

Loss of Rents, Loss of Income and Extra Expense

If this coverage is shown, limits are "Actual Loss Sustained". Contact the agent to confirm the number of day's coverage.