



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/26/2025

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).

<b>PRODUCER</b> Christian Krueger Agency, LLC 1130 N Val Vista Dr Ste 101 Mesa AZ 85213	<b>CONTACT NAME:</b> CHRISTIAN KRUEGER	
	<b>PHONE (A/C, No, Ext):</b> 480-607-3010 <b>FAX (A/C, No):</b> 480-607-5871	
	<b>E-MAIL ADDRESS:</b> ckruieger@farmersagent.com	
<b>INSURED</b> QUAIL RUN CONDOMINIUM ASSOCIATION 16625 S Desert Foothills Pkwy Phoenix AZ 85048	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A:</b> Truck Insurance Exchange	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:****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 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 INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	607030033	03/18/2025	03/18/2026	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 75,000	
			MED EXP (Any one person)				\$ 5,000	
			PERSONAL & ADV INJURY				\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 1,000,000
	OTHER:							\$
A	<b>AUTOMOBILE LIABILITY</b>	<input type="checkbox"/>	<input type="checkbox"/>	607030033	03/18/2025	03/18/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per accident)				\$	
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		PROPERTY DAMAGE (Per accident)				\$	
								\$
	<b>UMBRELLA LIAB</b>	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE	\$
	<b>EXCESS LIAB</b>	<input type="checkbox"/>	<input type="checkbox"/>				AGGREGATE	\$
	DED <input type="checkbox"/> RETENTION \$							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	N/A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
A	<b>BUILDING</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	607030033	03/18/2025	03/18/2026	\$10,552,400	\$25,000 DEDUCTIBLE
A	<b>DIRECTORS &amp; OFFICERS</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	607030033	03/18/2025	03/18/2026	\$1,000,000	\$1,000 DEDUCTIBLE
A	<b>EMPLOYEE DISHONESTY</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	607030033	03/18/2025	03/18/2026	\$75,000	\$500 DEDUCTIBLE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
88 UNITS. SPECIAL FORM ALL-INCLUSIVE COVERAGE, LESS IMPROVEMENTS AND BETTERMENTS. WIND AND HAIL COVERAGE INCLUDED WITH 1% DEDUCTIBLE. MECHANICAL BREAKDOWN COVERAGE IS INCLUDED. BUILDING ORDINANCE COVERAGE INCLUDED COVERAGE IS 100% REPLACEMENT COST. PROPERTY MANAGER IS LISTED AS ADDITIONAL INSURED FOR GENERAL LIABILITY, DIRECTORS & OFFICERS AND EMPLOYEE DISHONESTY

**CERTIFICATE HOLDER****CANCELLATION**

VISION COMMUNITY MANANGEMENT  
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.

AUTHORIZED REPRESENTATIVE



Christian Krueger Agency, LLC  
1130 North Val Vista Drive, Suite 101  
Mesa, AZ 85213  
Office: 480-607-3010  
Fax: 480-607-5871  
Email: [ckrueger@farmersagent.com](mailto:ckrueger@farmersagent.com)

### **Subject: Quail Run Condominium Insurance Policy Coverage**

Farmers Insurance Company is the company of record for the Master Insurance policy. This is an all-inclusive replacement cost policy which pays for direct physical loss to all buildings and structures at the described premises, less betterments and improvements. Coverage is extended to items such as carpet, flooring, cabinetry, plumbing, and electrical fixtures, wall paper, and paneling.

**The master policy deductible for each occurrence will be increasing to \$25,000 effective March 18<sup>th</sup>. Please be sure to review your current policy so that you have enough coverage for this change.**

### **CLAIMS MUST BE FILED THROUGH THE PROPERTY MANAGEMENT COMPANY.**

Note: Unit Owner's personal property and personal liability within the unit are not covered under the master insurance policy. For those who rent out their unit, the master policy does not provide coverage for property within the units. There is no coverage for loss of renters, personal or landlord liability. Please call our agency if you need a Condo Owner or Condo Rented to others policy.

If you don't have an agent, and would like a no obligation quote, or have any questions, please feel free to reach out to us at our office at 480-607-3010.

Thank you for your business.

Sincerely,

A handwritten signature in blue ink, appearing to read "Christian Krueger".

Christian Krueger  
The Christian Krueger Agency  
<https://agents.farmers.com/az/mesa/christian-krueger>

**This is a general description of coverage and not a policy contract**