

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 09/26/2025

| LVIDENCE OF FIRS | . – | | 101 | " | 9/20/2025 |
|---|--|---------------|---------------------------------------|--|------------------------------|
| THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AF COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER | FIRMATIVELY OR | NEGATIVE | LY AMEND, I ISTITUTE A | EXTEND OR AL | TER THE |
| AGENCY PHONE (A/C, No. Ext): 480-483-6221 | COMPANY | | | | |
| Stephanie Schaffroth Insurance Agency | Truck Insurance Exchange Company | | | | |
| 34225 N 27th Drive #112 | PO Box 29054 | | | | |
| Phoenix AZ 85085 | Phoenix, AZ 85308 | | | | |
| | Filoeilix, AZ 03 | 300 | | | |
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| FAX (A/C, No): 480-922-7280 E-MAIL ADDRESS: sschaffroth@farmersagent.com | | | | | |
| CODE: SUB CODE: | | | | | |
| AGENCY CUSTOMER ID #: | | | | | |
| INSURED | LOAN NUMBER | | | POLICY NUMBER | |
| PASEO LAS COLINAS NEIGHBORHOOD | 606630350 | | | | |
| 16625 S. Desert Foothills Parkway | EFFECTIVE DATE EXPIRATION DATE | | | | |
| Phoenix AZ 85048 | 10/10/2025 | | 10/2026 | | UED UNTIL ATED IF CHECKED |
| | THIS REPLACES PRIOR EVIDENCE DATE: | | | TERMINATED III OFFICIALES | |
| | THIS REPLACES PRIO | R EVIDENCE DA | iled: | | |
| PROPERTY INFORMATION | • | | | | |
| LOCATION/DESCRIPTION 6400 E JOMAX RD | | | | | |
| SCOTTSDALE,AZ 85266 | | | | | |
| 300113DALE,AZ 63200 | | | | | |
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| THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO TH | | | | | |
| NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY C | | | | | |
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| COVERAGE INFORMATION PERILS INSURED BASIC COVERAGE / PERILS / FORMS | | | AMO | UNT OF INSURANCE | DEDUCTIBLE |
| COVERAGE INFORMATION PERILS INSURED BASIC | | | | | DEDUCTIBLE \$2500 |
| COVERAGE INFORMATION PERILS INSURED BASIC COVERAGE / PERILS / FORMS | | | \$1mil | ll/\$2million | _ |
| COVERAGE INFORMATION PERILS INSURED BASIC COVERAGE / PERILS / FORMS Building/Special Form/Coverage Form 438 BFU NS | | | \$1mil | | _ |
| COVERAGE INFORMATION PERILS INSURED BASIC COVERAGE / PERILS / FORMS Building/Special Form/Coverage Form 438 BFU NS Liability | | | \$1mil | ll/\$2million 0,000 | _ |
| COVERAGE INFORMATION PERILS INSURED BASIC COVERAGE / PERILS / FORMS Building/Special Form/Coverage Form 438 BFU NS Liability Directors and Officers | | | \$1mil | ll/\$2million 0,000 00 | _ |
| COVERAGE INFORMATION PERILS INSURED COVERAGE / PERILS / FORMS Building/Special Form/Coverage Form 438 BFU NS Liability Directors and Officers Employee Dishonesty (Includes coverage for the Management Company) | | | \$1mil \$1,00 \$10,0 | ll/\$2million 0,000 00 | _ |
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