



# CERTIFICATE OF LIABILITY INSURANCE

DATE  
1/12/2026

**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 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> LUNDGREN INSURANCE AGENCY 2 N CENTRAL AVE STE 1800 PHOENIX, AZ 85004		<b>CONTACT NAME:</b> MATT LUNDGREN <b>PHONE (A/C, No, Ext):</b> 602-218-6022 <b>FAX (A/C, No):</b> 800-878-3151 <b>E-MAIL ADDRESS:</b> CS@lundgreninsuranceagency.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
		<b>INSURER A:</b> ACCELERANT NATIONAL INS CO	10220
<b>INSURED</b> ALTA MESA TOWNHOMES ASSOCIATION C/O VISION COMMUNITY MANAGEMENT 16625 S DESERT FOOTHILLS PARKWAY PHOENIX, AZ 85048		<b>INSURER B:</b> CONTINENTAL CASUALTY INS CO	20443
		<b>INSURER C:</b> AMTRUST INSURANCE CO	15954
		<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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	N030PK2429-02	1/13/2026	1/13/2027	EACH OCCURRENCE \$ 1,000,000	
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000	
						MED EXP (Any one person) \$ 5,000	
						PERSONAL & ADV INJURY \$ 1,000,000	
						GENERAL AGGREGATE \$ 2,000,000	
						PRODUCTS - COMP/OP AGG \$ 2,000,000	
B	<b>DIRECTORS AND OFFICERS</b> <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> FIDELITY & CRIME	Y	618944739	1/13/2026	1/13/2027	EACH OCCURRENCE \$ 1,000,000	
B	<input checked="" type="checkbox"/>		618944739	1/13/2026	1/13/2027	EACH OCCURRENCE \$ 500,000	
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> DED RETENTION \$					EACH OCCURRENCE \$	
						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	AGGREGATE \$
							\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/> N / A	TWC3946756	1/13/2026	1/13/2027	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
						E.L. EACH ACCIDENT \$ 1,000,000	
						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000	
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000	
A	BUILDING COVERAGE		N030PK2429-02	1/13/2026	1/13/2027	\$41,809,797 Guaranteed Replacement Cost	

## DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

BUILDING COVERAGE INCLUDES EXTERIOR OF THE BUILDINGS, INTERIOR OF THE UNITS AND BETTERMENTS AND IMPROVEMENTS TO THE INTERIOR OF THE UNITS. DEDUCTIBLE \$10,000 PER OCCURRENCE OR \$25,000 WATER LOSS DEDUCTIBLE PER OCCURRENCE. 124 UNITS: SPECIAL FORM: COMMON AREA INCLUDED IN COVERAGE: BUILDINGS RATED AT 100% REPLACEMENT COST  
 POLICY INCLUDES BUILDING ORDINANCE A,B,C: BOILER / MACHINERY, SEPARATION OF INSURED, INFLATION GUARD AND SEPERATION OF INSURED  
 WIND/HAIL ARE INCLUDED PERILS.  
 MANAGEMENT COMPANY IS ADDITIONAL INSURED ON GL, FIDELITY/CRIME AND D&O

## CERTIFICATE HOLDER

## CANCELLATION

VISION COMMUNITY MANAGEMENT 16625 S DESERT FOOTHILLS PARKWAY PHOENIX, AZ 85048	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN 30 DAYS.
	AUTHORIZED REPRESENTATIVE 

# LUNDGREN INSURANCE AGENCY, LLC

2 N Central Ave. Ste 1800  
Phoenix, AZ 85004  
602-218-6022 : 800-878-3151 – Fax  
[www.lundgreninsuranceagency.com](http://www.lundgreninsuranceagency.com)

January 12, 2026

## Alta Mesa Townhomes Association Insurance Information ***VERY IMPORTANT***

Your Board of Directors has renewed the master insurance policy covering your Association effective 1/13/2026. The Master Association's Policy covers both the exterior of the buildings and the interior of the units including, but not limited to, built-in kitchen and bathroom cabinets, built-in appliances & fixtures as well as interior walls, ceilings, floor coverings, wall coverings and ceiling coverings. The policy also includes betterments and improvements made by the unit owner, or any previous unit owner, to the interior of the units. The policy has a \$10,000 deductible per occurrence or a \$25,000 water loss deductible. Any damage to a unit below the deductible is the responsibility of the unit owner. In the event of a loss to your unit, the association may assess you the master policy deductible of \$10,000 or \$25,000 depending on the type of loss. The policy includes Liability coverage for all common area & Professional Liability coverage for the Directors and Officers. Some of the excluded perils are:

- ☐ No coverage for flood and earthquake
- ☐ No coverage for normal wear and tear
- ☐ No coverage for damage caused by mold or fungi
- ☐ No coverage for water damage caused by a leak in a pipe or appliance that occurs over a period of longer than 14 days
- ☐ No coverage for construction defects or improper plan design

**The Association's policy does NOT cover your personal property or your personal liability.** Show this letter to your personal agent for advice. Your agent should be able to provide you with deductible assessment coverage in the event you are assessed the association master policy deductible of \$10,000 or \$25,000. You should also carry at least \$25,000 in building coverage in the event the cost to repair the damage to your unit is below the association's deductible. Your personal condominium policy should also provide coverage for your personal property and include general liability coverage.

Lastly, should you receive a request for proof of insurance from your lender, please email or fax those to my office and we will provide them with an evidence of insurance.

Regards,

Matt Lundgren



Established 2003



# **LUNDGREN INSURANCE AGENCY**

**602-218-6022 – OFFICE**

**800-878-3151 – FAX**

**www.lundgreninsuranceagency.com**

**matt@lundgreninsuranceagency.com**

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## **UNIT OWNER CERTIFICATE OF INSURANCE INFORMATION**

**At Lundgren Insurance Agency, we process all certificate of insurance requests in house. If you are contacted by your lender and are asked to provide a certificate of insurance, please do one of the following:**

- **Email us the letter you received from your lender to  
cs@lundgreninsuranceagency.com**
- **Fax us the letter you received to 800-878-3151**
- **You can also use the following link:  
<https://www.lundgreninsuranceagency.com/eoi-request-form/>**

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## **Explanation of Coverages for your personal HO6 or Condominium policy**

Below are explanations of coverages for your personal insurance policy. You should discuss with your personal agent what the association provides and what coverage you require for your personal policy.

### **Building Coverage:**

- Building coverage provides coverage for the interior buildout of your unit. This includes things like built in cabinets, counter tops, sinks, toilets, flooring, drywall, paint, wallpaper, fixtures, and built in appliances. Anything permanently attached to your unit can be considered “building” property. This coverage also applies when your association’s policy does not provide coverage for betterments and improvements.

### **Personal Property Coverage:**

- Personal Property coverage pays for the replacement of your personal property within your unit. This includes items such as furniture, clothing, dishware, electronics, computers, refrigerators, washing machines, dryers, and free-standing stoves.

### **Personal Liability Coverage:**

- Personal liability occurs in the event of an accident, in or out of your home, that results in bodily injury or property damage for which you are potentially held legally responsible.

### **Loss Assessment Coverage:**

- Loss Assessment Coverage provides coverage in the event you are assessed the association deductible due to a covered peril. It also provides coverage in the event you are assessed your percentage of ownership due to a loss that exceeds the Master Association Insurance policy coverage amounts.

Please feel free to reach out to me directly to review your personal policy at 602-218-6022 Ext. 3



Established 2003

