



CERTIFICATE OF LIABILITY INSURANCE

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).

PRODUCER	Premier Choice Enterprises, LLC - Bovaird 4135 S. Power Rd. STE 120 Mesa, AZ 85212	CONTACT NAME: PHONE (A/C, No, Ext): (480) 830-1800	FAX (A/C, No):
		E-MAIL ADDRESS: john@premierchoiceaz.com	
INSURED	La Montana Crossing Condominium Homeowners Associations, Inc C/O Ellithorpe Realty PO Box 17237 Fountain Hills, AZ 85269	INSURER(S) AFFORDING COVERAGE	
		INSURER A : Pekin Insurance Company	
		NAIC # 24228	
		INSURER B :	
		INSURER C :	
		INSURER D :	
INSURER E :			
INSURER F :			

COVERS **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	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			005761490	2/28/2026	2/28/2027	EACH OCCURRENCE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	OTHER:						MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ Included
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			005761490	2/28/2026	2/28/2027	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					BODILY INJURY (Per person)	\$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					BODILY INJURY (Per accident)	\$
	DED	RETENTION \$					PROPERTY DAMAGE (Per accident)	\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NM) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/> N / A			2/28/2026	2/28/2027	PER STATUTE	OTH- ER
	E.L. EACH ACCIDENT						\$	
	E.L. DISEASE - EA EMPLOYEE						\$	
	E.L. DISEASE - POLICY LIMIT						\$	
A	Directors & Officers			005761490			\$500 Deductible/Agg	1,000,000

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

EVIDENCE OF INSURANCE: 100%CO INSURANCE, \$

Building 1 is covered at \$4,017,388 with replacement cost and \$2,500 deductible

Building 2 is covered at \$284,697 with replacement cost and \$2,5000 deductible

Blanket \$4,302,085

CERTIFICATE HOLDER

CANCELLATION

EVIDENCE OF INSURANCE
La Montana Crossing

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

Mike Robertson



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

MICHELLE1PCI

DATE (MM/DD/YYYY)
1/21/2026

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS		PHONE (A/C, No, Ext): (480) 830-1800	COMPANY NAME AND ADDRESS		NAIC NO: 24228
Premier Choice Enterprises, LLC - Bovaird 4135 S. Power Rd. STE 120 Mesa, AZ 85212		Pekin Insurance Company 2505 Court Street Pekin, IL 61558			
Contact name:					
FAX (A/C, No):	E-MAIL ADDRESS:	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH			
CODE: 11098	SUB CODE:	POLICY TYPE Business Owners Policy			
AGENCY CUSTOMER ID #: LAMONTA-01		LOAN NUMBER		POLICY NUMBER 005761490	
NAMED INSURED AND ADDRESS La Montana Crossing Condominium Homeowners Associations, Inc c/o Vision Community Management 16625 S Desert Foothills Pkwy Phoenix, AZ 85048		EFFECTIVE DATE 2/28/2026		EXPIRATION DATE 2/28/2027	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)		THIS REPLACES PRIOR EVIDENCE DATED: 03/21/2025			

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) **BUILDING** OR **BUSINESS PERSONAL PROPERTY**

LOCATION / DESCRIPTION
Loc # 0, Bldg # 0, Blanket \$4,302,085
SEE ATTACHED ACORD 101

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL		
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 4,302,085			DED: 2,500			
		YES	NO	N/A		
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE		<input checked="" type="checkbox"/>	If YES, LIMIT: <input checked="" type="checkbox"/> Actual Loss Sustained; # of months: 12			
BLANKET COVERAGE		<input checked="" type="checkbox"/>	If YES, indicate value(s) reported on property identified above: 4,302,085			
TERRORISM COVERAGE		<input checked="" type="checkbox"/>	Attach Disclosure Notice / DEC			
IS THERE A TERRORISM-SPECIFIC EXCLUSION?						
IS DOMESTIC TERRORISM EXCLUDED?						
LIMITED FUNGUS COVERAGE		If YES, LIMIT: DED:				
FUNGUS EXCLUSION (If "YES", specify organization's form used)						
REPLACEMENT COST		<input checked="" type="checkbox"/>				
AGREED VALUE		<input checked="" type="checkbox"/>				
COINSURANCE		<input checked="" type="checkbox"/>	If YES, 100 %			
EQUIPMENT BREAKDOWN (If Applicable)		<input checked="" type="checkbox"/>	If YES, LIMIT: DED:			
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		<input checked="" type="checkbox"/>	If YES, LIMIT: DED:			
- Demolition Costs		<input checked="" type="checkbox"/>	If YES, LIMIT: DED:			
- Incr. Cost of Construction		<input checked="" type="checkbox"/>	If YES, LIMIT: DED:			
EARTH MOVEMENT (If Applicable)		<input checked="" type="checkbox"/>	If YES, LIMIT: DED:			
FLOOD (If Applicable)		<input checked="" type="checkbox"/>	If YES, LIMIT: DED:			
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		<input checked="" type="checkbox"/>	If YES, LIMIT: DED:			
NAMED STORM INCL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Subject to Different Provisions:		<input checked="" type="checkbox"/>	If YES, LIMIT: DED:			
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		<input checked="" type="checkbox"/>				

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.

ADDITIONAL INTEREST

CONTRACT OF SALE MORTGAGEE	LENDER'S LOSS PAYABLE	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS	
NAME AND ADDRESS				
EVIDENCE OF INSURANCE La Montana Crossing Condominiums Homeowners			AUTHORIZED REPRESENTATIVE <i>Mike Robertson</i>	



ADDITIONAL REMARKS SCHEDULE

AGENCY Premier Choice Enterprises, LLC - Bovaird	NAMED INSURED La Montana Crossing Condominium Homeowners Associations, Inc c/o Vision Community Management 16625 S Desert Foothills Pkwy Phoenix, AZ 85048	
POLICY NUMBER 005761490		
CARRIER Pekin Insurance Company	NAIC CODE 24228	EFFECTIVE DATE: 02/28/2026

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 28 FORM TITLE: EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

Property Information:

Loc # 1, Bldg # 1, 16734 E La Montana Dr, Fountain Hills, AZ 85268, Bldg 1 At Loc 1 \$4,017,388

Loc # 1, Bldg # 2, 16734 E La Montana Dr, Fountain Hills, AZ 852689, Bldg 2 At Loc 1 \$284,697

Special Conditions:

Building #1/1 Value \$263,218

Building #1/2 Value \$3,714,301

15 Units in Total

Evidence of Insurance