



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

LGUNDERSDORF

DATE (MM/DD/YYYY)
1/29/2026

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS 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 M&O Agencies, LLC 2625 W Geronimo Place, Suite 350 Chandler, AZ 85224	PHONE (A/C, No, Ext): (480) 730-4920	COMPANY NAME AND ADDRESS Philadelphia Indemnity Ins. Co One Bala Plaza Suite 100 Bala Cynwyd, PA 19004-1403	NAIC NO: 18058
Contact name:		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
FAX (A/C, No): (480) 730-4929	E-MAIL ADDRESS:		
CODE:	SUB CODE:	POLICY TYPE Commercial Package	
AGENCY CUSTOMER ID #: LAKEVIL-11		LOAN NUMBER	POLICY NUMBER PHPK2649413
NAMED INSURED AND ADDRESS Lakeside Village Condominium Association, Inc. c/o Woodriver Properties LLC 3826 Grand View Blvd., #6 Los Angeles, CA 90066		EFFECTIVE DATE 2/1/2026	EXPIRATION DATE 2/1/2027
ADDITIONAL NAMED INSURED(S)		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
		THIS REPLACES PRIOR EVIDENCE DATED:	

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

LOCATION / DESCRIPTION Lakeside Village Condominium Association, Inc., 855 N. Dobson Rd, Chandler, AZ 85224
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: \$ 21,100,464				DED: 5,000
<input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	YES	NO	N/A	If YES, LIMIT: Actual Loss Sustained; # of months:
BLANKET COVERAGE	<input checked="" type="checkbox"/>			If YES, indicate value(s) reported on property identified above: \$ 21,100,464
TERRORISM COVERAGE	<input checked="" type="checkbox"/>			Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		<input checked="" type="checkbox"/>		
IS DOMESTIC TERRORISM EXCLUDED?		<input checked="" type="checkbox"/>		
LIMITED FUNGUS COVERAGE		<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)	<input checked="" type="checkbox"/>			
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: 21,100,464 DED: 5,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/>			If YES, LIMIT: 21,100,464 DED: 5,000
- Demolition Costs	<input checked="" type="checkbox"/>			If YES, LIMIT: DED: 5,000
- Incr. Cost of Construction	<input checked="" type="checkbox"/>			If YES, LIMIT: DED: 5,000
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: 5,000
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>			If YES, LIMIT: DED: 5,000
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	LENDER'S LOSS PAYABLE	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
	MORTGAGEE	<input checked="" type="checkbox"/>	Property Manager - CONDO	
NAME AND ADDRESS	Vision Community Management 16625 S. Desert Foothills Pkwy Phoenix, AZ 85048			AUTHORIZED REPRESENTATIVE <i>J. Carl Whitty</i>

**ADDITIONAL REMARKS SCHEDULE**

AGENCY M&O Agencies, LLC		NAMED INSURED Lakeside Village Condominium Association, Inc. c/o Woodriver Properties LLC	
POLICY NUMBER PHPK2649413		3826 Grand View Blvd., #6 Los Angeles, CA 90066	
CARRIER Philadelphia Indemnity Ins. Co	NAIC CODE 18058	EFFECTIVE DATE: 02/01/2026	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 28 FORM TITLE: EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

Special Conditions:

Building Ordinance or Law Coverage A is included up to building limit; Building Ordinance or Law Coverage B&C Combined \$3,000,000; Equipment Breakdown coverage included; 30 Day notice of cancellation; 10 Days for non-payment of premium



Lakeside Condominium Association

2025-2026 Insurance Unit Owner Letter

At the request of your Board of Directors, The Mahoney Group has been selected to renew the Master Insurance Policy for your Association. We have enclosed a Certificate of Insurance for your review and records.

The Association's Master Policy covers many of the insurance needs for each Unit Owner. However, every Unit Owner that lives in their unit needs to have a personal HO-6 condominium policy for those items not covered by the Master Policy. If you own a unit but do not reside in it, or are renting a unit, please contact your personal insurance agent to discuss policy options to make sure you are adequately covered in the event of a loss.

In the event of a Master Policy covered loss, the Master Policy will pay to rebuild the unit back to its original construction, **minus the Master Policy deductible of \$5,000. The Master Policy will not pay for any additions, upgrades, betterments, improvements or alterations made to the unit by any unit owner.**

Examples of covered losses include, but are not limited to: fire, lightning, windstorm, hail, explosion, smoke, vandalism, falling objects and sudden and immediate water escape or overflow. No coverage is provided for wear and tear, deterioration, damage by insects, settling or cracking, and there is no coverage for repeated leakage or seepage of water.

A Unit Owner's personal HO-6 condominium insurance policy should include the following:

- Coverage for Unit Owner's personal property, including theft of property.
- **Coverage for damaged property (claims) falling below the Deductible of \$5,000, and coverage for what is excluded from the Master Policy, such as any additions, upgrades, betterments, improvements or alterations made to the unit since it was built.**
- Mold Coverage is excluded under the Master Policy, but some personal policies offer this coverage for an additional premium. Please check with your agent for limits and rates.
- A Loss Assessment Endorsement. This provides coverage in the event you as a Unit Owner are assessed by the Association for a covered loss.
- Coverage for the Unit Owner's personal liability.
- Additional Living Expenses/Loss of Use/Loss of Rents.
- Any other coverage you and your personal insurance agent deem necessary.

The amount of coverage and/or policy limits on the unit owner's personal policy is to be determined by the Unit Owner and his/her personal insurance agent. If you own a unit but do not reside in it, or are renting a unit, please contact your personal insurance agent to discuss policy options.

Claims for any Association-covered items must be submitted through your Property Manager.

We strongly recommend that you contact your personal insurance agent and review your Association's CC&R's to make sure you are adequately insured in the event of a loss.

The Mahoney Group Who To Call:

Insurance Account Manager:

Rebecca Lunsford / 480-214-2762 / rlunsford@mahoneygroup.com

