

**RENEWAL DECLARATIONS (CONTINUED)**

Residential Community Association Policy for SCOTTSDALE HIGHLAND ESTATES  
 Policy Number 93-02-0661-5

**SECTION I - PROPERTY SCHEDULE**

Location Number	Location of Described Premises	Limit of Insurance*	
		Coverage A - Buildings	Coverage B - Business Personal Property
001	8425 E HAZELWOOD ST SCOTTSDALE AZ 85251-1866	No Coverage	No Coverage

**AUXILIARY STRUCTURES**

Location Number	Description	Limit of Insurance*	
		Coverage A - Buildings	Coverage B - Business Personal Property
001A	Fence, walls, etc.	\$ 150,400	See Prop Sch

\* As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage.

**SECTION I - INFLATION COVERAGE INDEX(ES)**

Inflation Coverage Index: 260.1

**SECTION I - DEDUCTIBLES**

Basic Deductible \$500

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 JAN 02 2026  
 CMP-4000

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## Special Deductibles:



Money and Securities	\$250	Employee Dishonesty	\$250
Equipment Breakdown	\$500		

Other deductibles may apply - refer to policy.

**SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH DESCRIBED PREMISES**

The coverages and corresponding limits shown below apply separately to each described premises shown in these Declarations, unless indicated by "See Schedule." If a coverage does not have a corresponding limit shown below, but has "Included" indicated, please refer to that policy provision for an explanation of that coverage.

COVERAGE	LIMIT OF INSURANCE
Collapse	Included
Damage To Non-Owned Buildings From Theft, Burglary Or Robbery	Coverage B Limit
Debris Removal	25% of covered loss
Equipment Breakdown	Included
Fire Extinguisher Systems Recharge Expense	\$5,000
Glass Expenses	Included
Increased Cost Of Construction And Demolition Costs (applies only when buildings are insured on a replacement cost basis)	10%
Newly Acquired Business Personal Property (applies only if this policy provides Coverage B - Business Personal Property)	\$100,000
Newly Acquired Or Constructed Buildings (applies only if this policy provides Coverage A - Buildings)	\$250,000
Ordinance Or Law - Equipment Coverage	Included
Preservation Of Property	30 Days

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**RENEWAL DECLARATIONS (CONTINUED)**

**Residential Community Association Policy for SCOTTSDALE HIGHLAND ESTATES**  
**Policy Number 93-02-0661-5**

**SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH COMPLEX**

The coverages and corresponding limits shown below apply separately to each complex as described in the policy.

<b>COVERAGE</b>	<b>LIMIT OF INSURANCE</b>
Accounts Receivable	
On Premises	\$50,000
Off Premises	\$15,000
Arson Reward	\$5,000
Forgery Or Alteration	\$10,000
Money And Securities (Off Premises)	\$5,000
Money And Securities (On Premises)	\$10,000
Money Orders And Counterfeit Money	\$1,000
Outdoor Property	\$5,000
Personal Effects (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Personal Property Off Premises	\$15,000
Pollutant Clean Up And Removal	\$10,000
Property Of Others (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Signs	\$2,500
Valuable Papers And Records	
On Premises	\$10,000
Off Premises	\$5,000



**RENEWAL DECLARATIONS (CONTINUED)**

**Residential Community Association Policy for SCOTTSDALE HIGHLAND ESTATES**  
**Policy Number 93-02-0661-5**

**SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - PER POLICY**

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The coverages and corresponding limits shown below are the most we will pay regardless of the number of described premises shown in these Declarations.

<b>COVERAGE</b>	<b>LIMIT OF INSURANCE</b>
Back-Up of Sewer or Drain	Included
Employee Dishonesty	\$25,000
Loss Of Income And Extra Expense	Actual Loss Sustained - 12 Months

**SECTION II - LIABILITY**

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<b>COVERAGE</b>	<b>LIMIT OF INSURANCE</b>
Coverage L - Business Liability	\$1,000,000
Coverage M - Medical Expenses (Any One Person)	\$5,000
Damage To Premises Rented To You	\$300,000
Directors And Officers Liability	\$1,000,000
 <b>AGGREGATE LIMITS</b>	<b>LIMIT OF INSURANCE</b>
Products/Completed Operations Aggregate	\$2,000,000
General Aggregate	\$2,000,000
Directors and Officers Aggregate	\$1,000,000

Each paid claim for Liability Coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II - Liability in the Coverage Form and any attached endorsements.

**RENEWAL DECLARATIONS (CONTINUED)**

**Residential Community Association Policy for SCOTTSDALE HIGHLAND ESTATES**  
**Policy Number 93-02-0661-5**

Your policy consists of these Declarations, the BUSINESSOWNERS COVERAGE FORM shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

**FORMS AND ENDORSEMENTS**

CMP-4100	Businessowners Coverage Form
FE-6999.3	*Terrorism Insurance Cov Notice
CMP-4814	Directors & Officers Liability
CMP-4203.3	Amendatory Endorsement
CMP-4550	Residential Community Assoc
CMP-4746.1	Hired Auto Liability
CMP-4710	Employee Dishonesty
CMP-4508	Money and Securities
CMP-4705.2	Loss of Income & Extra Expense
FE-3650	Actual Cash Value Endorsement
CMP-4573.2	Policy Endorsement
CMP-4543	AI Design Person Org
CMP-4532	Exclusion Cyber Incident
FE-1401	Exclusion Cyber Incident
FD-6007	Inland Marine Attach Dec
	* New Form Attached

**SCHEDULE OF ADDITIONAL INTERESTS**

**Interest Type:** Servicing Agent  
**Endorsement #:** N/A  
**Loan Number:** N/A

HEYWOOD COMMUNITY MANAGEMENT  
 42 S HAMILTON PL STE 101  
 GILBERT AZ 85233-5518

**Interest Type:** Addl Insured-Section II  
**Endorsement #:** CMP4543  
**Loan Number:** N/A

VISION COMMUNITY MANAGEMENT  
 16625 S DESERT FOOTHILLS PKWY  
 PHOENIX AZ 850488467

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0407-ST-0001

This policy is issued by the State Farm Fire and Casualty Company.

Participating Policy

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm Fire and Casualty Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.

*Michelle Mancias*  
Secretary

*John J. Farney*  
President

**NOTICE TO POLICYHOLDER:**

For a comprehensive description of coverages and forms, please refer to your policy.  
Policy changes requested before the "Date Prepared", which appear on this notice, are effective on the Renewal Date of this policy unless otherwise indicated by a separate endorsement, binder, or amended declarations. Any coverage forms attached to this notice are also effective on the Renewal Date of this policy.  
Policy changes requested after the "Date Prepared" will be sent to you as an amended declarations or as an endorsement to your policy. Billing for any additional premium for such changes will be mailed at a later date.  
If, during the past year, you've acquired any valuable property items, made any improvements to insured property, or have any questions about your insurance coverage, contact your State Farm agent.  
Please keep this with your policy.

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