



# CERTIFICATE OF LIABILITY INSURANCE

ALAME-1

OP ID: AG

DATE (MM/DD/YYYY)

04/03/17

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> <b>THE MAHONEY GROUP - PHOENIX</b> 20333 N. 19th Ave Ste 200 Phoenix, AZ 85027 LeAnn Brum	<b>Phone: 623-215-1300</b> <b>Fax: 623-215-1333</b>	<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No, Ext): <b>E-MAIL ADDRESS:</b>	<b>FAX</b> (A/C, No):																				
	<b>INSURED</b> <b>Alameda Park Condominium Assoc</b> <b>c/o Vision Community Mgmt</b> <b>16625 S Desert Foothills Pkwy</b> <b>Phoenix, AZ 85048</b>		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A :</td> <td><b>Hanover Insurance Company</b></td> <td><b>22292</b></td> </tr> <tr> <td>INSURER B :</td> <td><b>Continental Casualty Company</b></td> <td><b>20443</b></td> </tr> <tr> <td>INSURER C :</td> <td><b>Travelers Casualty &amp; Surety</b></td> <td><b>31194</b></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	<b>Hanover Insurance Company</b>	<b>22292</b>	INSURER B :	<b>Continental Casualty Company</b>	<b>20443</b>	INSURER C :	<b>Travelers Casualty &amp; Surety</b>	<b>31194</b>	INSURER D :			INSURER E :			INSURER F :	
INSURER(S) AFFORDING COVERAGE		NAIC #																					
INSURER A :	<b>Hanover Insurance Company</b>	<b>22292</b>																					
INSURER B :	<b>Continental Casualty Company</b>	<b>20443</b>																					
INSURER C :	<b>Travelers Casualty &amp; Surety</b>	<b>31194</b>																					
INSURER D :																							
INSURER E :																							
INSURER F :																							

**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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	X		ZB4D07546	03/24/17	03/24/18	EACH OCCURRENCE \$ <b>2,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>2,000,000</b> GENERAL AGGREGATE \$ <b>4,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>4,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			ZB4D07546	03/24/17	03/24/18	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<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		N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	<b>Directors&amp;Officers</b>	X		618722542	03/24/17	03/24/18	<b>1,000Ded</b> <b>1,000,000</b>
C	<b>Crime/Fidelity</b>	X		106708274	03/24/17	03/24/18	<b>5,000Ded</b> <b>400,000</b>

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

Carrier A/Policy ZB4D07546: Blanket Building Limit \$14,355,888 subject to \$5000 Deductible . Special Form . Replacement Cost.

**CERTIFICATE HOLDER****CANCELLATION**

<b>VISCO01</b>  <b>Vision Community Management</b> <b>16625 S Desert Foothills Pkwy</b> <b>Phoenix, AZ 85048</b>	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 
--	---

© 1988-2010 ACORD CORPORATION. All rights reserved.

**THE MAHONEY GROUP**  
**20333 N. 19<sup>TH</sup> AVENUE, #200**  
**PHOENIX, AZ 85027**  
**PH # 623-215-1300 / FAX # 623-215-1333**

March 23, 2017

ALAMEDA PARK CONDOMINIUM ASSOCIATION

RE: Unit Owner Insurance

We at The Mahoney Group are pleased to advise that we have placed the insurance coverage for the Master Insurance Policy for the above Association effective 3-24-2017.

The master insurance policy covers many of the insurance needs for each unit owner; however, every owner (including those owners who **rent out** their units) needs a personal policy for those items not covered by the master policy or for those items which fall below the **Master Policy deductibles of \$5,000.**

In the event of a covered loss, the policy intent is to rebuild the units back to the way they were built originally (exterior, studs, utility lines and insulation with in the studs, drywall, and within the units as the builder attached to the interior including but not limited to ranges, and smaller appliances and interior walls and ceilings subject to the conditions or restrictions set by your Associations Covenants, Conditions & Restrictions (CC&R's) Article X11 Insurance Section 1 and the policy terms and conditions.

Building property coverage *excludes* all personal property, claims that fall below the Master Policy deductible of \$5,000. Any upgrades, betterments and improvements made to the unit since originally built will **NOT** be covered and will also need to be insured under your personal policy.

**Claims must be submitted through your Property Management Company.**

**A unit owner's personal policy should include** the following:

- Coverage for Unit Owner's contents, including theft of property.
- Building property coverage that you are responsible for according to your Associations CC&R's as indicated above.
- Any Items that both fall below the Master Policy deductible and are excluded from the Master Policy's building property coverage.
- Unit Owners liability coverage.
- Mold Coverage is excluded under the master policy, but most personal policies offers this coverage for an additional premium.
- Amounts need to be determined by each unit owner and your personal agent.
- Any other coverages you and your personal insurance agent deems necessary.

We ***strongly recommend*** that you contact your personal insurance agent and review your associations CC&R's to make sure you are adequately insured in the event of a loss. Please feel free to contact Janet Rosin direct at 623-215-1360 in our agency for a competitive quote.