



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/6/2017

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		CONTACT NAME: Montine Haynes	
VIP INSURANCE SERVICES, LLC		PHONE (A/C, No, Ext): 480.378.6754	FAX (A/C, No):
4900 N Scottsdale Rd		E-MAIL ADDRESS: montine@vipinsuranceservices.com	
Ste 6000		INSURER(S) AFFORDING COVERAGE	
Scottsdale AZ 85251		INSURER A: Philadelphia Insurance Company	
INSURED		INSURER B: Travelers Casualty and Surety Company of America	
Fiesta Pointe Owners Association		INSURER C:	
c/o Vision Community Management		INSURER D:	
16625 S. Desert Foothills Pkwy		INSURER E:	
Phoenix AZ 85048		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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A/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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: D&O			PHPK1624598/106095106	04/15/2017	04/15/2018	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							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
							Directors & Officers	\$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK1624598	04/15/2017	04/15/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB577147	04/15/2017	04/15/2018	EACH OCCURRENCE	\$ 2,000,000
							AGGREGATE	\$ 2,000,000
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE	
							OTH-ER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Blanket Buildings Special Form - RC			PHPK1624598	04/15/2017	04/15/2018	Limit	\$10,705,000
							Deductible	\$5,000
							Employee Dishonesty	\$100,000 limit

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

RE: Proof of Coverage

Coverage is Walls In to the Original Specifications, per the CC&R requirements.

Unit Owner is responsible for upgrades, alterations, appliances and personal contents.

14 Buildings - 100 Units

CERTIFICATE HOLDER**CANCELLATION**

Proof of Coverage Only

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

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April 20, 2017

IMPORTANT INSURANCE INFORMATION

RE: Fiesta Pointe Owners Association

Dear Unit Owner:

The following gives important information regarding your association's master insurance policy.

Property Coverage: Master Policy with Philadelphia Insurance Company.

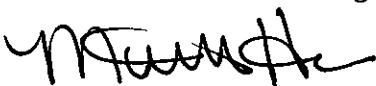
Direct physical loss coverage is provided for all units and includes all separate structures owned by the association in the amount of \$10,705,000 and is subject to a \$5,000 deductible per occurrence.

General Liability: \$1,000,000 limit plus a \$2,000,000 Umbrella policy, both with Philadelphia Insurance Company. Protects your Association from lawsuits arising out of injuries that occur within the common areas owned and maintained by the Association. This liability does not protect individual unit owners for their liability exposure arising out of the ownership, maintenance, or use of their individual units.

As a unit owner (even if you rent it out), you are responsible for insuring the interior of your unit, including appliances, and any upgrades, betterments or improvements that have been made. The master policy only covers the original specifications of the builder when the units were originally constructed. You are also responsible to cover your contents and your personal liability. We recommend that you obtain a unit owners policy (HO6) that will provide a package to insure the appliances, upgrades, contents, personal liability, interior finishes, additional living expenses, loss assessment and any gaps in coverage that your agent sees fit. Your agent should know and understand that you may be responsible for the \$5,000 deductible, if a loss results from an area within your unit.

Please be sure and contact your personal insurance agent and ensure you are adequately covered, and your coverage coincides with the Association's insurance policies. All claims should be reported to your community manager at Vision Community Management. If you need assistance with your personal insurance needs, our office is happy to give you a no-obligation quote. Please call our main number at (480) 696-6438 and identify yourself as a unit owner at Fiesta Pointe Owners Association, and you are seeking personal insurance quotes. You may also request a quote via our website at www.vipinsuranceservices.com. For assistance and underwriting of the master policy, please contact me directly at (480) 378-6754 or montine@vipinsuranceservices.com

We look forward to servicing you,



Montine Haynes

VIP Insurance Services, LLC

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