



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/08/17

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).

PRODUCER THE MAHONEY GROUP - PHOENIX 20333 N. 19th Ave Ste 200 Phoenix, AZ 85027 LeAnn Brum		Phone: 623-215-1300 Fax: 623-215-1333	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):	
INSURED Biltmore Lane Condo %Vision Community Mgmt 16625 S Desert Foothills Pkwy Phoenix, AZ 85048		INSURER(S) AFFORDING COVERAGE INSURER A: Argonaut Insurance Company INSURER B: Continental Casualty Company INSURER C: Travelers Insurance INSURER D: INSURER E: INSURER F:			NAIC # 19801 20443 36161

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	GENERAL LIABILITY	X		ACP2904142	05/22/17	05/22/18	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 2,000,000
							GENERAL AGGREGATE \$ 4,000,000
							PRODUCTS - COMP/OP AGG \$ 4,000,000
A	AUTOMOBILE LIABILITY			ACP2904142	05/22/17	05/22/18	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTHER \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
B	Directors&Officers	X		618733928	05/22/17	05/22/18	1,000Ded 1,000,000
C	Crime/Fidelity	X		106745249	05/22/17	05/22/18	2,500Ded 50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Carrier A/Policy #ACP2904142: Blanket Building Limit \$3,792,367 : subject to \$2500 Deductible. Replacement Cost. Special Form.

CERTIFICATE HOLDER

CANCELLATION

VISION- Vision Community Management 16624 S Desert Foothills Pkwy Phoenix, AZ 85048	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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THE MAHONEY GROUP
20333 N. 19TH AVENUE, #200
PHOENIX, AZ 85027
PH # 623-215-1300 / FAX # 623-215-1333

June 6, 2017

BILTMORE LANE CONDO

RE: Unit Owner Personal Insurance

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 current deductible of \$2,500**. Below is a summary of what is and is not covered;

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 bathroom and kitchen fixtures **originally installed**) subject to the conditions or restrictions set by your Associations Covenants, Conditions & Restrictions (CC&R's) Article 10 Insurance 10.1.1 (a) & (b) and the policy terms and conditions.

Building property coverage *excludes* all personal property, claims that fall below the current *Master Policy deductible of \$2,500*. 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 Manager.

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

- Coverage for Unit Owner's contents, including theft of property per CC&Rs Page 35 10.5 Owners Own Insurance.
- Building property coverage that you are responsible for according to your Associations CC&R's.
- 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.

BILTMORE LANE CONDO
(BILT-73)

IF YOU HAVE A MORTGAGE COMPANY AND THEY ARE IN NEED OF A COPY OF THE ASSOCIATION'S MASTER POLICY, PLEASE COMPLETE AND RETURN THIS FORM TO OUR OFFICE AT YOUR EARLIEST CONVENIENCE SO THAT WE MAY PROVIDE PROOF OF INSURANCE AS SOON AS POSSIBLE.

YOUR NAME _____

PROPERTY ADDRESS _____

MAILING ADDRESS _____

HOME PHONE _____ WORK PHONE _____

FIRST MORTGAGEE: NAME _____

ADDRESS _____

LOAN # _____

SECOND MORTGAGE: NAME _____

ADDRESS _____

LOAN # _____

THIS INFORMATION WILL ALLOW US TO SEND THE CORRECT INFORMATION TO YOUR MORTGAGE COMPANY. THANK YOU!

Please check here if you would also like a copy mailed to you: _____

The Mahoney Group
20333 N. 19TH AVENUE, #200
PHOENIX, AZ 85027/PH # 623-215-1310 / FAX # 623-215-1333
HOA@MAHONEYGROUP.COM