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DD/

DATE (MM/DD/YYYY)

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			CE	RTIFICATE OF PR	OPERI	r insur	AI		10	/24/2017
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.										
H	thi	s certificate is	s being prepar	ed for a party who has an insurable in		perty, do not use	this	form. Use ACORD	27 or A	CORD 28.
PRO	DUCE	R				ennis LaChance				
Den	nis	LaChance (88	0637A)		(A/O, NO, EAU).	23-583-0020		FAX (A/C, No):	623-9	72-4634
142	45 V	V. Grand Ave	Ste 3			achance@farmersa	ager	t.com		
Sur	orise	e, AZ 85373			PRODUCER CUSTOMER ID:					
						INSURER(S) AFFORDING COVERAGE NAIC #				
INSU	RED				INSURER A : Tru	uck Insurance Excl	nang	ge		21709
		CREEK VILLAS			INSURER B : Fa	rmers Insurance E	xch	ange		21652
166	25 8	B DESERT FO	OTHILLS PKW	Ý	INSURER C : Mi	d Century Insurance	ce C	ompany		21687
PHO	DEN	IIX, AZ 85048			INSURER D :					
					INSURER E :					
					INSURER F :					
-		AGES		CERTIFICATE NUMBER:			RE	ISION NUMBER:		
120 TH		ITS S TO CERTIFY		ROPERTY (Attach ACORD 101, Additional Remark	VE BEEN ISSUED 1	TO THE INSURED N				
CE EX	RTI	FICATE MAY B	E ISSUED OR M	IY REQUIREMENT, TERM OR CONDITION AY PERTAIN, THE INSURANCE AFFORDE SUCH POLICIES. LIMITS SHOWN MAY HA	D BY THE POLICIE VE BEEN REDUCE	S DESCRIBED HEF	REIN			
INSR LTR		TYPE OF IN	SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY		LIMITS
	X	PROPERTY					X	BUILDING	\$ 16,2	212,000
	CAL	JSES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	\$	
		BASIC	BUILDING \$5,000					BUSINESS INCOME	\$	
		BROAD	CONTENTS	-				EXTRA EXPENSE	\$	
	X	SPECIAL						RENTAL VALUE	\$	
С		EARTHQUAKE		606301404	11/01/2017	11/01/2018		BLANKET BUILDING	\$	
		WIND		_				BLANKET PERS PROP	\$	
		FLOOD					<u> </u>	BLANKET BLDG & PP	\$	
	\times	WATER	\$10,000	_			X	Directors&Officers		00,000
							\times	General Liability	\$ 2,00	00,000
		INLAND MARINE		TYPE OF POLICY					\$	
	CAL	JSES OF LOSS							\$	
		NAMED PERILS		POLICY NUMBER					\$	
									\$	
		CRIME					L		\$	
	TYF	E OF POLICY							\$	
									\$	
		BOILER & MACH EQUIPMENT BRI							\$	
									\$	
C BUILDING ORD. 3 PARTS SAME AS ABOVE						\times		\$ 250	,000	
Ĩ	ВС	ILDING URD.	3 PAR13				$ \times$		\$ CO	VERED
polio polio Rep	SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) policy includes a provision that requires at least ten days' written notice to the HOA or insurance trustee and any mortgage servicer within project before the policy can be canceled or substantially modified for any reason. Blanket policy with "walls-in" coverage w/all beterments and improvements included. Extended Replacement 125%. Liability is per occurrence. mechanical breakdown not covered. wind/hail included. management company included in Fidelity.									
CEF	KTIF	ICATE HOLD	JER			ION				

CERTIFICATE HOLDER	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.
	AUTHORIZED REPRESENTATIVE
	DENNIS LACHANCE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/24/2017

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:					
Dennis LaChance(8806M7A)		PHONE					
14245 W Grand Ave Ste 3		(A/C, NO, EXT): 623-583-0020 (A/C, NO): 623-972-4634					
Surprise A	vz 85374-4299	E-MAIL ADDRESS: dlachance@farmersagent.com					
		INSURER(S) AFFORDING CO	NAIC #				
INSURED		INSURER A: Truck Insurance Exchange	21709				
		INSURER B: Farmers Insurance Exchan	21652				
CAVE CREEK VILLAS HOA 16625 S. DESERT FOOTHILLS PKWY		INSURER C: Mid Century Insurance Company 21687					
		INSURER D:					
PHOENIX	AZ 85048	INSURER E:					
FIDENIA	AZ 03040	INSURER F:					

COVERAGES

CERTIFICATE NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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	ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$	2,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea Occurrence)	75,000
								MED EXP (Any one person) \$	5,000
С					606301404	11/01/2017	11/01/2018	PERSONAL & ADV INJURY \$	2,000,000
	GE	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$	4,000,000
	Х	POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG \$	2,000,000
		OTHER:						\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	2,000,000
		ANY AUTO						BODILY INJURY (Per person) \$	
с		OWNED AUTOS SCHEDULED ONLY AUTOS			606301404	11/01/2017	11/01/2018	BODILY INJURY (Per accident) \$	
	×	HIRED AUTOS NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
								\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE \$	
		DED RETENTION \$						\$	
		DRKERS COMPENSATION D EMPLOYERS ' LIABILITY						PER STATUTE OTHER \$	
		Y PROPRIETOR/PARTNER/ Y/N	N/A					E.L. EACH ACCIDENT \$	
	EX	ECUTIVE OFFICER/MEMBER CLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE \$	
		es, describe under DESCRIPTION OF ERATIONS below						E.L. DISEASE - POLICY LIMIT \$	
DESCR	IPTI	ON OF OPERATIONS/LOCATIONS/VEHICL	ES (ACORD	101, Add	itional Remarks Schedule, may	be attached if more spa	ace is required)		
CERTI		TE HOLDER			CANC	ELLATION			
								S BE CANCELLED BEFORE THE E	

AUTHORIZED REPRESENTATIVE DENNIS LACHANCE

REVISION NUMBER:





Dennis Allen LaChance Insurance Specialist 14245 W. Grand Ave., #3 Surprise, AZ 85374 Tel 623.583.0020 Fax 623.972.4634 dlachance@farmersagent.com

Dear Unit Owner,

Important information about Cave Creek Villas Master Association policy:

- Effective 11-01-2016 Farmers Insurance will be your new insurance carrier for your master insurance policy. With this change in coverage you are responsible for your contents and possibly the deductible. The deductible for this policy will be \$5,000 per occurance except for water related claims which will be \$20,000.
- This policy covers the structure and all permanently attached fixtures such as cabinets, flooring, built-in appliances, satellite dishes and solar panels. This policy also includes any improvements or betterments you may have done to your unit. You will be covered for such things as fire, lightning, wind, hail, vandalism, and sudden and accidental water damage. Please remember that leaky pipes are not covered over an extended period of time. If there is no damage to your roof from the storm then there is no coverage for a leaky roof. If anyone feels that they have a claim, please contact someone from the Board or the Management Company first before turning it in.
- Very Important! If you need to turn in a claim under the associations' policy you may be responsible for all or part of the \$5,000 or \$20,000 deductible. It is possible that your personal Condo Unit Owners policy would have coverage to pay either of those deductibles for you.

It is imperative that you contact your personal agent to see if your policy provides coverage for this. Not all companies have this coverage available.

Farmers Insurance does offer a Condominium Unit Owners Policy to cover your contents, personal liability and coverage for the deductible for the master policy. Please feel free to call our office to discuss this important coverage.

Sincerely.

Dennis LaChance

Please complete and return to our office at your earliest convenience, so we may mail your lender a certificate:

Association Name: Cave Creek Villas Association

Your Name:
Property Address:
Mailing Address:
Name of 1 st Mortgagee:
Address:
Fax#
Loan Number:
Name of 2 nd Mortgagee:
Address:
Loan Number:
This information will allow us to send the correct information to your mortgage company.

Farmers Insurance LaChance Insurance Agency 14245 W. Grand Ave #3 Surprise, AZ 85374 623-583-0020 Tel 623-972-4634 Fax