

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 10/26/17

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		Filolie. 023-213-1300			
		Fax: 623-215-1333	PHONE (A/C, No, Ext):	FAX (A/C, No):	
			E-MAIL ADDRESS:		
20711111 21 4	•••		INSURER(S) AFFORD	ING COVERAGE	NAIC #
			INSURER A: Hanover Insurance Company		22292
INSURED	Summerfield 1 & 2 Homeowners Association %Vision Community Managemen 16625 S Foothills Parkway Phoenix, AZ 85048		INSURER B: Travelers Casualty	& Surety	31194
		nt	INSURER C: Continental Casual	ty Company	20443
			INSURER D: Fireman's Fund Ins	urance Comp	21873
			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.

L.,	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INS	TYPE OF INSURANCE	ADDL INSR	SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	s	
	GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A	X COMMERCIAL GENERAL LIABILITY	X		ZB4D07358701	11/01/17	11/01/18	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
l							GENERAL AGGREGATE	\$	2,000,000
l	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
	POLICY PRO- JECT LOC							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A	ANY AUTO			ZB4D07358701	11/01/17	11/01/18	BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
l	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	X UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	1,000,000
D	EXCESS LIAB CLAIMS-MADE			SUO00032271991	11/01/17	11/01/18	AGGREGATE	\$	
	DED RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$	
l							E.L. DISEASE - EA EMPLOYEE	\$	
L	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Crime/Fidelity	Х		106613199	11/01/17	11/01/18	2,500 Ded		200,000
c	Directors&Officers	X		618697867	11/01/17	11/01/18	1,000 Ded		1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Carrier A/policy #ZB4D07358701:Blanket Building Limit \$17,275,440 Subject to
\$5000 Deductible .Special Form .Replacement Cost. 140 Units. Building
Ordinance/Law Coverage included. Severability of Interest included.

OERTH TOATE HOLDER		CANCELLATION
Vision Community Management 16625 S Foothills Parkway	VISION-	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Phoenix, AZ 85048		AUTHORIZED REPRESENTATIVE

CANCELL ATION

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CERTIFICATE HOLDER



## THE MAHONEY GROUP

20333 N. 19<sup>th</sup> Ave. #200, PHOENIX, AZ 85027 Phone # 623-215-1300 / Fax # 623-215-1333 Email: HOA@mahoneygroup.com

## October 26, 2017 Summerfield 1 & 2 Homeowners Association

**RE:** Unit Owner Insurance

At the request of your Board of Directors, The Mahoney Group has renewed the Master Insurance Policy for your Association. We have enclosed a Certificate of Insurance for your review and records.

In the event of a master policy covered loss, the Master Policy will pay to rebuild the unit back to its original construction, minus the Master Policy deductible of \$5,000. We will not pay for any additions, upgrades, betterments, improvements, or alterations made to the unit since original construction, regardless of who installed them.

The Association's Master Policy covers many of the insurance needs for each Unit Owner. <u>However, every Unit Owner needs to have a personal HO6 policy for those items not covered by the Master Policy.</u>

## A Unit Owner's personal HO6 insurance policy should include the following:

- Coverage for Unit Owner's personal property, including theft of property.
- Coverage for damaged property that both falls below the Master Policy deductible of \$5,000 and/or is excluded from the Master Policy's building property coverage, such as any additions, upgrades, betterments, improvements, or alterations made to the unit.
- Mold Coverage is excluded under the Master Policy, but some personal policies offer this coverage for an additional premium. Please check with your agent for limits and rates.
- A Loss Assessment Endorsement. This provides coverage in the event you as a Unit Owner are assessed by the Association for a covered loss.
- Coverage for the Unit Owner's personal liability.
- Any other coverage you and your personal insurance agent deem necessary.

The amount of coverage and/or policy limits on the unit owner's personal policy is to be determined by the Unit Owner and his/her personal insurance agent.

Claims for any Association-covered items must be submitted through your Board or Property Manager.

We strongly recommend that you contact your personal insurance agent and review your Association's CC&R's to make sure you are adequately insured in the event of a loss. If you do not have an HO-6 policy or would like a competitive quote, please feel free to contact our personal lines office at 623-215-1300.