

**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
12/14/17

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 <b>THE MAHONEY GROUP - PHOENIX</b> 20333 N. 19th Ave Ste 200 Phoenix, AZ 85027 LeAnn Brum	Phone: 623-215-1300	CONTACT NAME:
	Fax: 623-215-1333	PHONE (A/C, No, Ext):
		FAX (A/C, No):
		E-MAIL ADDRESS:
		INSURER(S) AFFORDING COVERAGE
		NAIC #
		INSURER A : <b>Great American Alliance</b>
		INSURER B : <b>Cincinnati Insurance Company</b>
		INSURER C : <b>Continental Casualty Company</b>
		INSURER D : <b>Pennsylvania Manufacturers</b>
		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	<input checked="" type="checkbox"/> GENERAL LIABILITY	X		PAC3393036	05/05/17	05/05/18	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ <b>10,000</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
							GENERAL AGGREGATE \$ <b>2,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY			PAC3393036	05/05/17	05/05/18	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			XS5222003	05/05/17	05/05/18	EACH OCCURRENCE \$ <b>3,000,000</b>
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ <b>3,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED      RETENTION \$						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			2017010953794Y	12/12/17	05/05/18	WC STATUTORY LIMITS      OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ <b>1,000,000</b>
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b>
							E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
A	Crime/Fidelity	X		PAC3393036	05/05/17	05/05/18	2,500 Ded <b>125,000</b>
C	Directors&Officers	X		0598951150	05/05/17	05/05/18	1,000 Ded <b>1,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Carrier A/Policy #PAC3393036: Blanket Building Limit \$2,865,000 subject to \$10,000 Deductible. Replacement Cost. Special Form. 31 Units.  
Vision Community Management is an additional insured.

<b>CERTIFICATE HOLDER</b>  <b>VISIO-1</b>  <b>Vision Community Management</b> <b>16625 S Desert Foothills Pkwy</b> <b>Phoenix, AZ 85048</b>	<b>CANCELLATION</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 

May 8, 2017

**Peachtree Lane Improvement 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 an updated Certificate of Insurance for your records.

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 HO6 policy for those items not covered by the master policy or for those items which fall below the Master Policy deductible of **\$10,000**. Each unit owner may be responsible for paying the insurance deductible related to a loss for their specific property, or the full cost of the repairs if less than the deductible. Below is a summary of what is and isn't covered;

This policy provides property coverage to rebuild the units back to their original construction, minus the policy deductible of **\$10,000** with no coverage for any upgrades, betterments or improvements regardless of who installed them. The coverage is subject to the terms, conditions, exclusions and deductibles of the Master Policy and pursuant to the provisions set forth by the Association's Covenant, Conditions & Restrictions (CC&R's).

Building property coverage excludes all personal property as well as any building property that you are responsible for according to your associations CC&R's and that ***fall below the Master Policy deductible of \$10,000***. ***Any upgrades, betterments and improvements made to the unit since originally built*** will also need to be insured under your personal policy. Claims must be promptly submitted through your Board of Directors and/or Property Manager. Failure to do so may result in a decision not to cover all or portions of the damage by the Association's insurer.

A unit owner's personal HO6 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.
- \* Any Items that both fall below the Master Policy deductible and are excluded from the Master Policy's building property coverage.
- \* Mold Coverage is excluded under the master policy, but most personal policies offer this coverage for an additional premium
- \* A Loss Assessment Endorsement
- \* Unit Owners liability coverage.
- \* 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 our office at 623-215-1300 for a competitive quote.

THE MAHONEY GROUP  
20333 N. 19TH AVE #200  
PHOENIX, AZ 85027  
Phone # 623-215-1300 / Fax # 623-215-1333  
Email: HOA@mahoneygroup.com