

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

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	CONTACT NAME: Scott Shirley						
	PHONE (A/C, No, Ext): (480) 391-3000 (A/C, No):						
	E-MAIL ADDRESS: scott@neatedupey.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
AZ 85255	INSURER A: Travelers Standard Fire Insurance Company	19070					
	INSURER B: Continental Casualty Company	20443					
	INSURER C: Fireman's Fund Insurance Co.	21873					
	INSURER D:						
	INSURER E:						
AZ 85048	INSURER F:						
	AZ 85255	CONTACT Scott Shirley PHONE (A/C, No, Ext): (480) 391-3000 FAX (A/C, No): E-MAIL ADDRESS: scott@neatedupey.com  INSURER(S) AFFORDING COVERAGE  INSURER A: Travelers Standard Fire Insurance Company INSURER B: Continental Casualty Company INSURER C: Fireman's Fund Insurance Co. INSURER D: INSURER E:					

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		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	COMMERCIAL GENERAL LIABILITY	INSD	WVD	. CLO. HOMBER	(11111)	(11111)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 5,000
		Y		BIP5P588569	02/27/2022	02/27/2023	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
A	AUTOMOBILE LIABILITY	Y		BIP5P588569	02/27/2022	02/27/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
С	<b>★</b> UMBRELLA LIAB ★ OCCUR	Y		USL00213321U	02/27/2022	02/27/2023	EACH OCCURRENCE	\$ 10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 10,000,000
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	N/A	/ A				PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT	\$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Directors and Officers	Y		618893985	02/27/2022	02/27/2023	Deductible \$1,000	\$1,000,000

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

Location: 1901 E Missouri Ave, Phoenix AZ 85016. 7 Buildings - 40 Units. Building Coverage of \$7,234,276 is provided under Travelers policy # 005P588569, subject to \$5,000 Deductible. No Co-insurance on property. Buildings are Replacement cost, Special Form policy. Separation of insureds is included. Building/Law Ordinance is included. Equipment Breakdown is Included. \$250,000 Crime coverage provided under Travelers policy 005P588569, subject to \$2,500 deductible. Property Manager listed as additional insured on GL, D & O and Crime Policy

CERTIFICATE HOLDER CANC	CELLATION
THE	OULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE E EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN CORDANCE WITH THE POLICY PROVISIONS.
16625 S Desert Foothills Prkwy.	ORIZED REPRESENTATIVE
Sco	off Shirley
Phoenix AZ 85048	

NEATE DUPEY INSURANCE GROUP 8700 E Vista Bonita Dr #270 Scottsdale, AZ 85255 Phone (480) 391 3000

Caribbean Gardens Association master insurance policy coverage summary.

## **Key information regarding the Associations insurance policy**

Travelers Insurance Company is the company of record for the master insurance policy.

PROPERTY insurance on the general common elements and Condo units is covered. Special form replacement cost coverage applies. Policy written as per CCR requirements.

LIABILITY insurance; \$1,000,000 with Travelers Insurance.

DIRECTORS & OFFICERS coverage; \$1,000,000 with C N A Insurance.

FIDELITY BOND; \$100,000 with Travelers Insurance.

UMBRELLA coverage \$10,000,000 with Fireman's Fund.

The master insurance policy property deductible is \$5,000.00 CLAIMS MUST BE FILED THROUGH THE PROPERTY MANAGEMENT COMPANY.

## Unit owner's insurance needs.

Note: Unit owner's personal property, and personal liability within the unit is not covered under the master policy. You need an individual Condominium owner's policy to pick up coverage for your personal property, betterments and improvements, and personal liability.

To request evidence of insurance for a lender please email request to: <a href="mailto:clientservices@neatedupey.com">clientservices@neatedupey.com</a>

Note: this is intended to provide a summary of insurance. This is not a policy. In all cases the declarations, terms, conditions, and exclusions of the actual policy will apply