

ACORD EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YY)
12/20/2023

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.

PRODUCER CONTRACTORS INSURANCE LANA KACKSTETTER 1427 N RUSTLERS ROOST DEWEY, AZ 86327		PHONE (A/C, No, Ext): 928-277-4613	COMPANY TRAVELERS INSURANCE CO	
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #:		INSURED SUPERSTITION COMMONS OWNER'S ASSOCIATION TOM SHUMAKER P.O. BOX 775 APACHE JUNCTION, AZ 85117		
		LOAN NUMBER	POLICY NUMBER 680-7J216596-23-42	
		EFFECTIVE DATE 07/21/2023	EXPIRATION DATE 07/21/2024	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION

PROPERTY: 854 S SAN MARCOS DR., APACHE JUNCTION, AZ 85120 BUILDING 1 UNITS A-D, BUILDING 2 UNITS A-D, BUILDING 3 UNITS A-D, BUILDING 4 UNITS A-D, BUILDING 5 UNITS A-D, BUILDING 6 UNITS A-D, BUILDING 7 UNITS A-D, BUILDING 8 UNITS A-D, BUILDING 9 UNITS A-D, BUILDING 10 UNITS A-D, BUILDING 11 UNITS A-D, BUILDING 12 UNITS A-D, BUILDING 13, UNITS A-D, BUILDING 14, UNITS A-D
 POLICY FOR COMMON AREAS, WALLS OUT DWELLING

COVERAGE INFORMATION		
COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
SPECIAL FORM, FIRE R/C MASTER HOA POLICY	4,378,615	1,000
GENERAL LIABILITY PER OCCURRENCE	1,000,000	250

REMARKS (Including Special Conditions)

GENERAL PROOF

CANCELLATION

THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW _____ DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

ADDITIONAL INTEREST

NAME AND ADDRESS SUPERSTITION COMMONS OWNER'S ASSOCIATION C/O VISION MANAGEMENT 16625 S DESERT FOOTHILLS PARKWAY PHOENIX AZ. 85048	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/>
LOAN #		
AUTHORIZED REPRESENTATIVE 		