					Γ	DATE	E (MM/DD/YYYY)	
EVIDENCE OF PF	ROPERTY	INSU	IRA	NCE		(04/12/2024	
THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTI ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NO COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCI ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODU	T AFFIRMATIVE	ly or neg e does no	ATIVEL	Y AMEND, STITUTE A	EXTEND OR	ALTER	R THE	
AGENCY PHONE (A/C, No, Ext): (480) 391-3000	COMPANY							
Neate Dupey Insurance Group								
8700 E. Vista Bonita Dr. Suite 270	HARTFOR	HARTFORD UNDERWRITERS INSURANCE CO						
Scottsdale AZ 85255								
FAX (A/C, No): E-MAIL ADDRESS: dee@neatedupey.com								
CODE: SUB CODE:								
AGENCY CUSTOMER ID #:								
INSURED	LOAN NUMBE	LOAN NUMBER			POLICY NUMBER			
Desert Foothills Office Condominiums LLC			59SBAAF8B9L					
16625 S DESERT FOOTHILLS PKWY	EFFECTI	VE DATE	EXP	IRATION DATE		NTINUED		
	05/17	/2024		05/17/2025			D IF CHECKED	
PHOENIX AZ 85048	THIS REPLAC	es prior evid	DENCE DA	TED:				
PROPERTY INFORMATION								
LOCATION/DESCRIPTION								
1345 E CHANDLER BLVD., PHOENIX, AZ 85048	3 BUILDIN	GS						
PRoperty Mgr - Vision Community Management is included as additional insured	l on all liability cov	erage.						
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PER SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF S	ANY CONTRACT RTAIN, THE INSU	OR OTHEF	R DOCU FORDE	MENT WITH D BY THE F	H RESPECT T POLICIES DES	FO WHI SCRIBE	ICH THIS ED HEREIN IS	
COVERAGE INFORMATION PERILS INSURED BASIC	BROAD	X SPECIA	L					
COVERAGE / PERILS / FORMS				AMC	UNT OF INSURA	NCE	DEDUCTIBLE	
BUILDING					\$ 5,157,	,400	\$2,500	
100% REPLACEMENT COST- bare walls in								
WIND/HAIL INCLUDED								
ORDINACE OR LAW COVERAGE A INCLUDED IN BUILDING - COV B&C					\$250	0,000	\$2,500	
EQUIPMENT BREAKDOWN					INCL.IN BUILDING \$2,5		\$2,500	
CRIME/FIDELITY					\$100	0,000	\$2,500	
DIRECTORS/OFFICERS-GREAT AMERICA ALLIANCE #EPPE457612-03					\$1,000,000 \$		\$1,000	
GENERAL LIABILITY					EACH OCC \$2,000,000 AGG \$4,00		AGG \$4,000,000	
UMBRELLA LIABILITY GREAT AMERICAN ALLIANCE #S000553135					\$2,000	0,000	0	
REMARKS (Including Special Conditions)								
Property Management Company is automatically included as additional insured on								
policies. Umbrella policy is written on a follow through form. Separation of Insur- policy language. 10 day notice of cancellation for non-payment/30 day notice for a		per						
poncy language. To day notice of cancenation for non-payment 50 day notice for a	all other reasons.							
CANCELLATION								
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLI	ED BEFORE THE	EXPIRATIO	ON DAT	E THEREO	F, NOTICE W	ILL BE		
DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
ADDITIONAL INTEREST								
NAME AND ADDRESS		ADDITIONAL INSURED LENDER'S LOSS PAYABLE LOSS PAYEE MORTGAGEE X EVIDENCE OF INSURANCE						
PROOF OF INSURANCE	LOAN #		► EV.	IDENCE OF	INSUKANCE			
	AUTHORIZED R	EPRESENTAT	IVE					
	SCOTT	SHIRL	EY					