

Policy Number: 607184500

CERTIFICATE OF LIABILITY INSURANCE

Date Entered: 01/10/2022

DATE (MM/DD/YYYY) 12/22/2023

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).

		CONTACT				
PRODUCER	Cox Insurance Services	CONTACT Ashley Peterson				
	COX INSULANCE SELVICES	PHONE (A/C, No, Ext): (480) 907-6000 FAX (A/C, No): (480)	X C, No): (480) 664-8275			
	10607 N. Frank Lloyd Wright Blvd	(A/C, No, Ext): (A/C, No): (1007)	331 3273			
		E-MAIL ADDRESS: certificate@coxinsurance.net				
	Suite 101	INSURER(S) AFFORDING COVERAGE	NAIC #			
	Scottsdale, AZ 85259	INSURER A: Truck Insurance Exchange	21709			
INSURED	Bella Terra Condominium Association	INSURER B: Great American Alliance Insurance				
		INSURER C: AmTrust North America				
	16625 S. Desert Foothills Pkwy.	INSURER D: Federal Insurance Company				
	Phoenix, AZ 85048	INSURER E:				
		INSURER F:				
COVEDAGES CERTIFICATE NUMBER:		DEVISION NUMBED:				

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.

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR POLICY EFF POLICY EXP							
INSR LTR	INSR LTR TYPE OF INSURANCE		BR /D POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR	X	607184500	1/9/2024	1/9/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$75,000
	D&O- \$1,000,000					MED EXP (Any one person)	\$5,000
	DED- \$1,000					PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000
	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$1,000,000
	OTHER:						\$
	AUTOMOBILE LIABILITY			1/9/2024	1/9/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
A	ANY AUTO	\times	607184500			BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
D	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE		BINDER	1/18/2024	1/9/2025	AGGREGATE	\$10,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			1/9/2024	1/9/2025	PER OTH- STATUTE ER	
С			TWC3932065			E.L. EACH ACCIDENT	\$1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
						E.L. DISEASE - POLICY LIMIT	\$1,000,000
A	A Employee Dishonesty		607184500	1/9/2024	1/9/2025	DED- \$5,000	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 30 days written notice of cancellation required prior to cancellation

Vision Community Management is an Additional Insured 5335 E Shea Blvd Scottsdale, AZ 85254

CERTIFICATE HOLDER	CANCELLATION			
Vision Community Management				
16625 S. Desert Foothills Pkwy	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 Wald			



EVIDENCE OF PROPERTY INSURANCE

Policy Number: 607184500

DATE (MM/DD/YYYY)

4/10/2024 THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND. EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST. AGENCY PHONE (A/C, No, Ext): (480) 907-6000 COMPANY Cox Insurance Services Truck Insurance Exchange 10607 N. Frank Lloyd Wright Blvd 4680 Wilshire Blvd Suite 101 Los Angeles, CA 90010 Scottsdale, AZ 85259 FAX (A/C, No): (480) 664-8275 E-MAIL ADDRESS: certificate@coxinsurance.net CODE: SUB CODE: AGENCY CUSTOMER ID #: INSURED LOAN NUMBER POLICY NUMBER Bella Terra Condominium Association 607184500 EFFECTIVE DATE **EXPIRATION DATE** CONTINUED LINTII 16625 S. Desert Foothills Pkwy. 1/9/2024 TERMINATED IF CHECKED 1/09/2025 Phoenix, AZ 85048 THIS REPLACES PRIOR EVIDENCE DATED: PROPERTY INFORMATION LOCATION/DESCRIPTION 5335 E SHEA BLVD, Scottsdale, AZ 85254 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 EVIDENCE OF PROPERTY INSURANCE 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. COVERAGE INFORMATION X SPECIAL BROAD PERILS INSURED BASIC COVERAGE / PERILS / FORMS AMOUNT OF INSURANCE DEDUCTIBLE Blanket Building Limit - Replacement Cost \$61,293,418 \$10,000 Building Ordinance Or Law - 1 (Undamaged Part) Included None Building Ordinance Or Law - 2 (Demolition Cost) \$250,000 None Building Ordinance Or Law - 3 (Increased Cost) \$250,000 None Employee Dishonesty - including Property Managment Company \$1,000,000 \$5,000 Unit Owners Coverage "Walls In" - Includes Betterments and Improvements Included \$10,000 Equipment Breakdown Included \$10,000 Back Up Of Sewer Or Drains \$100,000 \$20,000 \$20,000 Water Damage Deductible Flood Coverage - no seperate Flood Policy Excluded **REMARKS (Including Special Conditions)** 240 Units- 19 Habitational Buildings Clubhouse, and all Garages and Carports Included Severability of Interest Included Wind is included 30 days written notice of cancellation is required **CANCELLATION** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST ADDITIONAL INSURED NAME AND ADDRESS LENDER'S LOSS PAYABLE LOSS PAYEE Master Evidence of Insurance MORTGAGEE LOAN #

1/011

Х

AUTHORIZED REPRESENTATIVE