



MOUNVIE-15

AGAMBILL

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/25/2021

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).

PRODUCER <b>The Mahoney Group - Phoenix</b> 20333 North 19th Avenue, Suite 200 Phoenix, AZ 85027	CONTACT NAME:	
	PHONE (A/C, No, Ext): <b>(623) 215-1300</b>	FAX (A/C, No): <b>(623) 215-1333</b>
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED <b>Mountain View Business Park Office Condominiums</b> <b>c/o Vision Community Management</b> <b>16625 S Desert Foothills Pkwy</b> <b>Phoenix, AZ 85048</b>	INSURER A : <b>Hanover Insurance Company</b>	<b>22292</b>
	INSURER B : <b>Continental Casualty Company</b>	<b>20443</b>
	INSURER C :	
	INSURER D :	
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<b>X</b> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	<b>X</b>		<b>OD4A184344</b>	<b>1/1/2021</b>	<b>1/1/2022</b>	EACH OCCURRENCE \$ <b>2,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>2,000,000</b> GENERAL AGGREGATE \$ <b>4,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>4,000,000</b> <b>DIRECTORS AND O</b> \$ <b>2,000,000</b>
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> <b>X</b> HIRED AUTOS ONLY <input checked="" type="checkbox"/> <b>X</b> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/>			<b>OD4A184344</b>	<b>1/1/2021</b>	<b>1/1/2022</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>B</b>	<b>X</b> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			<b>CUE6043180478</b>	<b>1/1/2021</b>	<b>1/1/2022</b>	EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ <b>1,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> <b>Y / N</b> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N / A</b>				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>B</b>	<b>Directors &amp; Officers</b>	<b>X</b>		<b>618943445</b>	<b>1/1/2021</b>	<b>1/1/2022</b>	<b>5,000 Ded</b> \$ <b>1,000,000</b>

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

Carrier A/Policy OD4A184344: Total Building Limit: \$4,341,572 subject to \$2,500 deductible. Special Form. Replacement Cost. Bare Wall Coverage.

**CERTIFICATE HOLDER****CANCELLATION**

Vision Community Management 16625 S Desert Foothills Pkwy Phoenix, AZ 85048	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 



## THE MAHONEY GROUP

20333 N. 19<sup>th</sup> Ave. #200, PHOENIX, AZ 85027

Phone # 623-215-1300 / Fax # 623-215-1333

Email: HOA@mahoneygroup.com

# Mountain View Business Park Office Condo Assoc

## 2021 Unit Owner Letter

At the request of your Board of Directors, we are pleased to announce that The Mahoney Group has been selected to provide the Master Insurance Policy for your Association. We have enclosed a Certificate of Insurance for your review and records.

Condo Owners will need to have a policy for those items **not covered** by the Master Policy, such as damages falling below the Master Policy deductible of \$2,500 for All Perils and **the complete interiors of the unit from the drywall inside the unit.** Condo Owner is responsible for wall coverings, floor coverings, paint and paneling; additions, alterations and improvements supplied or installed by the Unit Owners (previous or current); furniture, furnishings or other personal property owned by the Unit Owners.

### A Unit Owner's insurance policy should include the following:

- Coverage for Unit Owner's personal property, including theft of property.
- **Coverage for damaged property that both falls below the Master Policy deductible of \$2,500 and is excluded from the Master Policy's property coverage, which is the complete interior of the unit.** Each unit owner is responsible for wall coverings, floor coverings, paint and paneling; additions, alterations and improvements supplied or installed by the Unit Owners (previous or current); furniture, furnishings or other personal property owned by the Unit Owners.
- Mold Coverage is excluded under the Master Policy, but some personal policies offer this coverage for an additional premium. Please check with your agent for limits and rates.
- A Loss Assessment Endorsement. This provides coverage in the event you as a Unit Owner are assessed by the Association for a covered loss.
- Coverage for the Unit Owner's personal liability.
- Additional Living Expenses/Loss of Use/Loss of Rents.
- Any other coverage you and your personal insurance agent deem necessary.

The amount of coverage and/or policy limits on the unit owner's personal policy is to be determined by the Unit Owner and his/her personal insurance agent.

Claims for any Association-covered items must be submitted through your Property Manager.

We strongly recommend that you contact your personal insurance agent and review your Association's CC&R's to make sure you are adequately insured in the event of a loss. If you do not have a personal insurance policy, or would like a competitive quote on your current policy, please contact our personal lines department at the number below.

### **The Mahoney Group Who To Call:**

Account Executive: Audra Gambill 623-215-1341

Certificates Of Insurance: [HOA@mahoneygroup.com](mailto:HOA@mahoneygroup.com)

Personal Lines Quotes: Jennifer Martinez 480-214-2703