



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
08/30/2023

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.

PRODUCER		CONTACT NAME: Claudia Salmon Getz
	Claudia Salmon Getz	PHONE (A/C, No, Ext): 480-345-0011 FAX (A/C, No):
	2131 E Broadway Road Suite 12	E-MAIL ADDRESS: forms@insurewithclaudia.com
Tempe	AZ 85282	PRODUCER CUSTOMER ID:
INSURED		INSURER(S) AFFORDING COVERAGE
	Magdalena Estates HOA	INSURER A : State Farm Fire and Casualty Company
	Attn Vision Community Management	INSURER B :
	16625 S. Desert Foothills Pkwy	INSURER C :
	Phoenix	INSURER D :
	AZ 85048	INSURER E :
		INSURER F :
		NAIC # 25143

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
19th Ave. & South Mountain
phoenix, AZ 85044

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		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	PROPERTY	CAUSES OF LOSS					
	<input checked="" type="checkbox"/>	PROPERTY	BASIC	93-GK-7290-1 F	08/17/2023	08/17/2024	<input checked="" type="checkbox"/> BUILDING \$ 131,300
							DEDUCTIBLES
		CONTENTS	BROAD				
			SPECIAL				BROAD
		EARTHQUAKE					<input type="checkbox"/> RENTAL VALUE \$
		WIND					<input type="checkbox"/> BLANKET BUILDING \$
		FLOOD					<input type="checkbox"/> BLANKET PERS PROP \$
							<input checked="" type="checkbox"/> BUSINESS LIAB \$ 1,000,000
		<input checked="" type="checkbox"/> GEN AGGREGT \$ 2,000,000					
	<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY				\$
			CAUSES OF LOSS				\$
			NAMED PERILS	POLICY NUMBER			\$
	<input type="checkbox"/>	CRIME	TYPE OF POLICY				\$
						\$	
						\$	
	<input type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
						\$	
						\$	
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/> PCO AGGREGT \$ 2,000,000	
						<input checked="" type="checkbox"/> MED/PERSN \$ 5,000	

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
AUX \$105,400

CERTIFICATE HOLDER	CANCELLATION
MAGDALENA ESTATES HOA ATTN VISON COMMUNITY MGM 16626 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 Completed by an authorized State Farm representative. If signature is required, please contact agent.