Ą	Ć	ORD	®		CERTIFICATE OF P	ROPE	ERTYI	NSURAN	CE	: [(MM/DD/YYYY) /04/2022	
C B	ERT ELO	IFICATE W. THIS	DOE S CE	S NOT AFFI	AS A MATTER OF INFORMATION RMATIVELY OR NEGATIVELY AM OF INSURANCE DOES NOT CONS ER, AND THE CERTIFICATE HOLDE	IEND, EX	TEND OR	ALTER THE CO	DVE	RAGE AFFORDED	BY TH	E POLICIES	
PRO	DUCE	R			·		CONTACT NAME: Kevin McGraw						
St	StateFarm Kevin McGraw						PHONE (A/C, No, Ext): (480) 867-3886 FAX (A/C, No): (623) 412-1025						
4727 E Bell Rd Ste 63							ADDRESS: kevin.mcgraw.vabjni@statefarm.com PRODUCER						
			boor		AZ 85032.2	CUS	CUSTOMER ID:						
INSI	Phoenix, AZ 85032-2312							INSURER(S) AFFORDING COVERAGE					
	Firerock Ridge Property Owners Association Inc						INSURER A : State Failing file and Casualty Company						
	c/o Vision Community Mgmt 16625 S Desert Foothills Pkwy							INSURER C :					
							INSURER D :						
		Dhaar			47 05040 0		INSURER E :						
Ļ		Phoer	lix,		AZ 85048-84	INSU	JRER F :						
-			SES / F		CERTIFICATE NUMBER:	narks Schedu	ule if more sn		RE	VISION NUMBER:			
T	LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required) REFER TO ACORD 101. 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		TYPE (OF INS	URANCE	POLICY NUMBER			POLICY EXPIRATION		COVERED PROPERTY		LIMITS	
LTR		PROPERTY	Y			DATE (N	1WI/DD/1111)	DATE (MM/DD/YYYY)		BUILDING	s \$19	800	
		JSES OF LO		DEDUCTIBLES					\square	PERSONAL PROPERTY	\$ \$13	,000	
		BASIC		BUILDING	_					BUSINESS INCOME	+	E ACORD 101	
		BROAD		\$500 CONTENTS	_					EXTRA EXPENSE	\$ SEE	E ACORD 101	
	\mid	SPECIAL					01/01/2022	01/01/2023		RENTAL VALUE	\$ SEE	E ACORD 101	
		EARTHQU	AKE		93-BR-4350-6	01/0				BLANKET BUILDING	\$		
		FLOOD			_					BLANKET PERS PROP	\$		
	<u> </u>	FLOOD			_				<u> </u>	BLANKET BLDG & PP	\$		
					_					-	\$ \$		
		INLAND MA	ARINE		TYPE OF POLICY						\$		
	CAUSES OF LOSS										\$		
					POLICY NUMBER					_	\$		
											\$		
	<u> </u>	CRIME								-	\$		
	TYPE OF POLICY									-	\$		
	BOILER & MACHINERY /										\$		
	É	EQUIPMEN	NT BRE	AKDOWN						-	\$		
											\$		
											\$		
		TO ACOF			(ACORD 101, Additional Remarks Schedule, ma	ay be attache	d if more spac	e is required)					
CF	RTIF	ICATE H		ER		CA	CANCELLATION						
	VISION COMMUNITY MANAGEMENT						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
				Desert Foothil		_	AUTHORIZED REPRESENTATIVE						
		Pho	oenix		AZ 85048-84	470	Frica Sellards						

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AGENCY CUSTOMER ID:											
		LOC #:									
ACORD [®] ADDITIONA	L REM/	ARKS SCHE	DULE	Page _ 1 _ of _ 1							
AGENCY		NAMED INSURED									
Kevin McGraw		Firerock Ridge Property Owners Association Inc									
POLICY NUMBER											
93-BR-4350-6											
CARRIER	NAIC CODE										
State Farm Fire and Casualty Company	25143	EFFECTIVE DATE: 01/01/2022									
ADDITIONAL REMARKS											
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,											
FORM NUMBER: 24 FORM TITLE: Certificate of Pro		ce									
Unit Owner:											
FIREROCK RIDGE PROPERTY OWNERS ASSOCIATION INC	; - 16565 E Sa	aguaro Blvd - Founta	in Hls, - AZ - 85268-6526 - Unit Lo	an Number:ALL							
UNITS - Number Of Units: 0051											
Association Type: Residential Community Association Pol	icy										
Forme Ontions and Endersomenter		Forme Outions	and Fudayaamanta.								
Forms, Options and Endorsements:	_	-	and Endorsements:								
CMP-4100 Businessowners Coverage		CMP-4203.2		ory Endorsement							
CMP-4829 Guaranteed Replacemen		CMP-4814	Dir & Office								
FE-6999.3 Terrorism Insurance Cov N		CMP-4550		Community Assoc							
CMP-4710 Emp Dishonesty \$2	25,000	CMP-4508		ey and Securities							
CMP-4705.2 Loss of Income & Extra Exp	pense	FE-3650	Actual Cash Va	lue Endorsement							
CMP-4573 Policy Endorse	ement										
Coverages:											
Business Liability \$1,00	0,000										
· · ·	5,000										
	0,000										
	0,000										
	0,000										
Coverage											
Unless otherwise endorsed, this policy provides replaceme	ent cost cove	erage on described	property and common areas de	etailed within the							
Association bylaws including the following types of propert	y within a ur	nit, regardless of ov	/nership:								
1. Fixtures, improvements and alterations that are a	nart of the l	building or structure	e and								
				ekeepina.							
Replacement cost coverage is subject to the terms and conditions of the policy and any endorsements.											
Coverage under this policy may have been modified to provide actual cash value coverage rather than replacement cost coverage, or to remove specified property from coverage, if any endorsement containing in its title "ACV" or "Actual Cash Value," or "Additional Property Not											
Covered" is identified on this Certificate of Insurance.			of Actual Cash value, of Aut	illional Property Not							
Endorsements: FE-3650, FE-3653, FE-3658, and FE-3659 (Actual Cash Value) - These endorsements describe what the term "actual cash value" means where used in the policy. <i>However, these endorsements do not change any replacement cost coverage provided by the</i>											
	ndorsemen	nts do not change	any replacement cost covera	ge provided by the							
policy.											
This policy provides soverage on a standalang/individual a	a mada matati um										

This policy provides coverage on a standalone/individual condominium association.

Commercial General Liability

State Farm refers to this coverage as Business Liability Coverage. Coverage amount shown is Per Occurrence.

Loss of Rents, Loss of Income and Extra Expense

If this coverage is shown, limits are "Actual Loss Sustained". Contact the agent to confirm the number of day's coverage.