



## **EVIDENCE OF PROPERTY INSURANCE**

7/18/2022

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. PHONE (A/C, No, Ext): (480) 947-3556 Phoenix Insurance Company NFP Property & Casualty Services, Inc. 8201 North Hayden Road Scottsdale, AZ 85258 One Tower Square Hartford, CT 06183 FAX (A/C, No): (480) 947-6699 CODE: 0XW4690000 SUB CODE: AGENCY CUSTOMER ID #: PINNPEA-02 **Pinnacle Peak Office Park Association** POLICY NUMBER LOAN NUMBER INSURED c/o Vision Community Management 6800136C830 16625 S Desert Foothills Parkway Phoenix, AZ 85048 FFFECTIVE DATE **EXPIRATION DATE** CONTINUED UNTIL TERMINATED IF CHECKED 7/11/2022 7/11/2023 THIS REPLACES PRIOR EVIDENCE DATED: PROPERTY INFORMATION LOCATION/DESCRIPTION LOCATION/DESCRIPTION

Loc # 1, Bldg # 1, 7450 E Pinnacle Peak Rd, Scottsdale, AZ 85255, Commercial Condominium Office Occupancy

Loc # 1, Bldg # 2, 7450 E Pinnacle Peak Rd, Scottsdale, AZ 85255, Commercial Condominium Office Occupancy

Loc # 1, Bldg # 3, 7450 E Pinnacle Peak Rd, Scottsdale, AZ 85255, Commercial Condominium Office Occupancy

Loc # 1, Bldg # 4, 7450 E Pinnacle Peak Rd, Scottsdale, AZ 85255, Commercial Condominium Office Occupancy

Loc # 1, Bldg # 5, 7450 E Pinnacle Peak Rd, Scottsdale, AZ 85255, Commercial Condominium Office Occupancy

Loc # 1, Bldg # 6, 7450 E Pinnacle Peak Rd, Scottsdale, AZ 85255, Commercial Condominium Office Occupancy 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. X | SPECIAL COVERAGE INFORMATION PERILS INSURED BASIC BROAD COVERAGE / PERILS / FORMS AMOUNT OF INSURANCE DEDUCTIBLE Loc # 1. Blda # 1 Building, Special (including theft), Replacement Cost \$2,615,133 1,000 Loc # 1, Bldg # 2 Building, Special (including theft), Replacement Cost 1,000 \$2,615,133 Loc # 1, Bldg # 3 Building, Special (including theft), Replacement Cost \$1,753,308 1.000 Loc # 1, Bldg # 4 Building, Special (including theft), Replacement Cost \$1,753,308 1,000 Loc # 1, Bldg # 5 Building, Special (including theft), Replacement Cost \$1,753,308 1,000 Loc # 1, Bldg # 6 Building, Special (including theft), Replacement Cost \$1,753,308 1,000 REMARKS (Including Special Conditions) Special Conditions: Subject to Policy Terms, Conditions, and Exclusions. 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 NAME AND ADDRESS LOSS PAYER ADDITIONAL INSURED LENDER'S LOSS PAYABLE **Evidence of Insurance** MORTGAGEE Χ I OAN # **Vision Community Management** 16625 S Desert Foothills Pkwy **AUTHORIZED REPRESENTATIVE** Phoenix, AZ 85048





## **CERTIFICATE OF LIABILITY INSURANCE**

**JAKIEHARDWICK** 

DATE (MM/DD/YYYY) 7/18/2022

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.

	SUBROGATION IS WAIVED, subjenis certificate does not confer rights t				ıch end	dorsement(s)		require an end	orsemen	t. As	tatement on	
	DUCER	CONTACT NAME:										
NFP Property & Casualty Services, Inc. 8201 North Hayden Road Scottsdale, AZ 85258						PHONE (A/C, No, Ext): (480) 947-3556 FAX (A/C, No			FAX (A/C, No):	<sub>):</sub> (480) 947-6699		
						E-MAIL ADDRESS:						
							SURER(S) AFFOI	RDING COVERAGE			NAIC #	
		INSURER A : Phoenix Insurance Company 2					25623					
INSURED						INSURER B: Travelers Property Casualty Company of America 25674						
Pinnacle Peak Office Park Association						INSURER C:						
	c/o Vision Community Mana 16625 S Desert Foothills Pa				INSURER D:							
	Phoenix, AZ 85048	Kway			INSURER E :							
				INSURER F:								
СО	VERAGES CER	CATE	NUMBER:	REVISION NUMBER:								
IN C E	HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQUI PER POLI	REMI TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC Y THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITED HEREIN IS S	TH RESPE	CT TO	WHICH THIS	
INSR LTR			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURREN		\$	1,000,000	
	CLAIMS-MADE X OCCUR			6800136C830		7/11/2022	7/11/2023	DAMAGE TO RENT PREMISES (Ea occi	ED urrence)	\$	300,000	
								MED EXP (Any one	person)	\$	5,000	
								PERSONAL & ADV	INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC	GATE	\$	2,000,000	
	X POLICY PRO- OTHER:							PRODUCTS - COM	P/OP AGG	\$	2,000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$		
	ANY AUTO							BODILY INJURY (Pe	er person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe	•	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)		\$		
	ACTOC CIVET							(* 5* 5.55 5.55		\$		
В	X UMBRELLA LIAB X OCCUR							EACH OCCURREN	CF	\$	2,000,000	
	EXCESS LIAB CLAIMS-MADE			CUP1584Y183		7/11/2022	7/11/2023	AGGREGATE	-	\$	2,000,000	
	DED X RETENTION\$ 5,000	ī						7.00.1.20.1.2		\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	·		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE		\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA		\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL		\$		
Α	Directors & Officers			6800136C830		7/11/2022	7/11/2023	Ea Claim/Aggr		•	1,000,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ject to policy terms conditions & exclus		ACORE	D 101, Additional Remarks Schedu	ıle, may t	pe attached if mor	e space is requi	red)				
CERTIFICATE HOLDER  For Informational Purposes only						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.						
						RIZED REPRESE	NTATIVE					