

7/15/2024

## Thunderbird Paseo Condominium Association Disclosure Summary Form

Property: Allianz Global Risks: 7/15/2024 - 7/15/2025

\$33,556,278 Special Form, (wind included) 100% Replacement Cost Basis with No Coinsurance and a \$25,000 All Perils Deductible/\$25,000 Per Unit Water Deductible per Occurrence. Equipment Breakdown is included.

<u>General Liability: Allianz Global Risks: 7/15/2024 - 7/15/2025</u> \$1,000,000 per Occurrence/\$2,000,000 General Aggregate with a \$0 Deductible. \$1,000,000 Non-Owned and Hired Automobile Liability is included in this policy.

Umbrella Liability: No Coverage through our Agency.

Directors' and Officers' Liability: Philadelphia Indemnity Insurance: 7/15/2024 - 7/15/2025 \$1,000,000 per Occurrence/General Aggregate with a \$1,000 Retention per Occurrence.

Employee Dishonesty: PMA Companies Inc.: 7/15/2024 - 7/15/2025 \$650,000 per Occurrence with a \$5,000 Deductible.

Workers' Compensation: Hanover Insurance Group: 7/15/2024 - 7/15/2025 \$1,000,000 Coverage statutory limits.

Earthquake Insurance: No Coverage through our Agency.

Flood: No Coverage through our Agency.

This summary of the Association's policies of insurance provides only certain information and should not be considered a substitute for the complete policy terms and conditions contained in the actual policies of insurance. Any Association Member may, upon request and provision of reasonable notice, review the Association's Insurance Policies and, upon request and payment of reasonable duplication charges, obtain copies of those policies. Although the Association maintains the Policies of Insurance specified in this summary, the Association's Policies of Insurance may not cover your property, including personal property or real property improvements to or around your dwelling, or personal injuries or other losses that occur within or around your dwelling. Even if a loss is covered, you may nevertheless be responsible for paying all or a portion of any Deductible that applies. Association Members should consult with their individual Insurance Broker or Agent for appropriate additional coverage.

\*\*For lender and/or unit specific Evidence of Insurance please call EOI Direct at 877-456-3643. For general proof of insurance please contact Socher Insurance at 877-317-9300\*\*



## **CERTIFICATE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY) 07/15/2024

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PRO	DUCI	ER			CONTACT NAME:	CONTACT NAME:							
Soc	her	Insurance Ag oneridge Drive	ency, Inc.		PHONE (A/C, No, Ext): (8	PHONE (A/C, No, Ext): (877) 317-9300 FAX (A/C, No): (877) 317-9305							
Plea	Isan	iton, CA 94588	8, Suite 405		ADDRESS: info	E-MAIL ADDRESS: info@hoainsurance.net							
					CUSTOMER ID:	PRODUCER CUSTOMER ID: THUNPAS-01							
					INSURER(S) AFFORDING COVERAGE NAIC #								
INSU	IRED				INSURER A : Allianz Global Risks US Insurance Company								
		Thunder	rbird Paseo Coi	ndominium Association	INSURER B : PMA Insurance Group								
				Brands   Vision Community Managem	IE INSURER C :	INSURER C :							
			Desert Foothill AZ 85048	s Pkwy	INSURER D :	INSURER D :							
		Fildenix	, AZ 05040		INSURER E :	INSURER E :							
					INSURER F :	INSURER F :							
со	VEF	RAGES		CERTIFICATE NUMBER:			RE	VISION NUMBER:					
Plea inclu	se s udes	See Certificate	of Liability, Acou ager as an Emp THAT THE POLIC	ROPERTY (Attach ACORD 101, Additional Remark rd 25, for remaining coverage. Equipme loyee. CIES OF INSURANCE LISTED BELOW HAN Y REQUIREMENT, TERM OR CONDITION	ent Breakdown co	TO THE INSURED N	AME	ED ABOVE FOR THE F		PERIOD			
				AY PERTAIN, THE INSURANCE AFFORDE SUCH POLICIES. LIMITS SHOWN MAY HA				IS SUBJECT TO ALL	THE TER	MS,			
	-	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)				LIMITS			
A	X	PROPERTY					x	BUILDING	\$	33,556,278			
	СА	USES OF LOSS	DEDUCTIBLES	TBD_PCKG	07/15/2024	07/15/2025	X	PERSONAL PROPERTY	\$	50,000			
		BASIC	BUILDING 25,000					BUSINESS INCOME	\$				
		BROAD	25,000	-				EXTRA EXPENSE	\$				
	x	SPECIAL	CONTENTS					RENTAL VALUE	\$				
		EARTHQUAKE						BLANKET BUILDING	\$				
	-	WIND						BLANKET PERS PROP	\$				
	-	FLOOD		-			<u> </u>	BLANKET BLDG & PP					
	x	water ded	25,000	-			X	Ord cov B:	\$	500,000			
	X	Ord cov A: inc	,	-			X	Ord cov C:	\$	500,000			
	<b>^</b>		-						\$	,			
	CAUSES OF LOSS			TYPE OF POLICY			<u> </u>	-	\$				
		Г						-	\$				
		NAMED PERILS		POLICY NUMBER				-	\$				
В	v						v	Deductible: \$5,000	\$	650,000			
	X						X	-	\$				
		PE OF POLICY delity Bond		TBD_CRIME	07/15/2024	07/15/2025		-	\$				
	1 1	-			07/13/2024	07/13/2023			\$				
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN						-	-	\$				
-	-								\$				
							-	-	\$				
Spe	cial	Form (wind inc	cluded), 100% R	ACORD 101, Additional Remarks Schedule, may be eplacement Cost Basis with No Co-Insu ility of Interest included on Package Po	irance and a 4% i	nflation guard is ir			∣ \$ y is Wal	ls in excluding			
CE	RTII		DER		CANCELLAT	TION							
		RealMar Manage		Brands - Vision Community	THE EXPIRA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
					Bm								
AC	ORI	D 24 (2016/03	)			© 1995-2015 ACORD CORPORATION. All rights reserved.							

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## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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**THUNPAS-01** 

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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.										
lf	PORTANT: If the certificate holde SUBROGATION IS WAIVED, subjection is certificate does not confer rights to	ct to	the	terms and conditions of	the po	licy, certain	policies may			
PRO	DUCER				CONTACT NAME:					
Soc	ner Insurance Agency, Inc.								(877) 3	817-9305
Plea	Stoneridge Drive, Suite 403 santon, CA 94588				E-MAIL ADDRESS: info@hoainsurance.net				. ,	
					INSURER(S) AFFORDING COVERAGE					NAIC #
						INSURER A: Allianz Global Risks US Insurance Company				
INSU	RED				INSURE	R B : Hanove	er Insurance	e Group		
	Thunderbird Paseo Condom				INSURE	R c : Philade	Iphia Inder	nnity Insurance Com	oany	
	RealManage Family of Brand 16625 S Desert Foothills Pk		VISIO	n Community Manageme	INSURE	RD:				
	Phoenix, AZ 85048	,			INSURER E :					1
					INSURE	RF:				1
co	/ERAGES CER	TIFI	CATE	E NUMBER:				<b>REVISION NUMBER:</b>		
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	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X		TBD_PCKG		7/15/2024	7/15/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$	1,000,000
								GENERAL AGGREGATE	\$	2,000,000
								PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							COMBINED SINGLE LIMIT	\$	4 000 000
Α		x						(Ea accident)	\$	1,000,000
	ANY AUTO OWNED AUTOS ONLY AUTOS			TBD_PCKG		7/15/2024	7/15/2025	BODILY INJURY (Per person)	\$	
								BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							(Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$	
		-						AGGREGATE	\$	
в	DED RETENTION \$							PER OTH-	\$	
2	AND EMPLOYERS' LIABILITY Y / N			TBD_WC		7/15/2024	7/15/2025	STATUTE ER		1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A		_		•		E.L. EACH ACCIDENT	\$	1,000,000
	If ves, describe under							E.L. DISEASE - EA EMPLOYEE		1,000,000
С	DÉSCRIPTION OF OPERATIONS below Directors & Officers	X		PCAP044696-0124		7/15/2024	7/15/2025	E.L. DISEASE - POLICY LIMIT Deductible: \$1,000	\$	1,000,000
•										-,,
DES	RIPTION OF OPERATIONS / LOCATIONS / VEHIC			101 Additional Pomorko Schodu	10 may -	a attached if mar				
Plea	se see Certificate of Property, Acord 24	, for	build	ling values.	ie, may b	e allacheu il moi	e space is requir	eaj		
CERTIFICATE HOLDER CANCELLATION										
								ESCRIBED POLICIES BE C EREOF, NOTICE WILL		
	RealManage Family of Brane Management	ds - V	lisio	n Community				Y PROVISIONS.		

AUTHORIZED REPRESENTATIVE