



7/19/2024

## Fountain Hills Unit Owners Association Disclosure Summary Form

## Property: Allianz: 7/20/2024 - 7/20/2025

\$2,448,295 Special Form (wind included), 100% Replacement Cost, with No Coinsurance and a \$5,000 Deductible per Occurrence and \$5,000 Water Deductible per Unit. Equipment Breakdown is included.

<u>General Liability: Allianz: 7/20/2024 - 7/20/2025</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: Continental Casualty Company: 7/20/2024 - 7/20/2025 \$1,000,000 per Occurrence/General Aggregate with a \$1,000 Retention per Occurrence.

Employee Dishonesty: Continental Casualty Company: 7/20/2024 - 7/20/2025 \$75,000 per Occurrence with a \$1,000 Deductible.

Workers' Compensation: No Coverage through our Agency.

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\*\*



**MSUMNER** 

FOUNHIL-01

DATE (MM/DD/YYYY)	
7/19/2024	

CERTIFICATE OF LIABILITY INSURANCE								7/19/2024				
	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).											
	RODUC					CONTA NAME:						
Sc	cher	r Insurance Agency, Inc.									317-9305	
PI	easa	toneridge Drive, Suite 403 nton, CA 94588				E-Mail ADDRESS: info@hoainsurance.net						
						INSURER(S) AFFORDING COVERAGE					NAIC #	
						INSURER A : Allianz Global Risks US Insurance						
IN	SURE					INSURE	R B : Contine	ental Casua	Ity Company			
		Fountain Hills Unit Owners A RealManage Family of Brand	Association ds   Vision Community Manageme			INSURE	RC:					
		16625 S Desert Foothills Pky				INSURE						
		Phoenix, AZ 85048				INSURE						
		RAGES CER	TICI	с <b>л</b> те	E NUMBER:	INSURE	:R F :		REVISION NUMBER:			
		IS TO CERTIFY THAT THE POLICIE				HAVE B	FEN ISSUED T					
	INDIC CER	CATED. NOTWITHSTANDING ANY R TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH	EQU PER	IREMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WITH RESP	ECT TO	WHICH THIS	
INS LT	SR R	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMI	rs		
4		COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR	X		CLB1001273		7/20/2024	7/20/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
									MED EXP (Any one person)	\$	5,000	
									PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC								GENERAL AGGREGATE	\$	2,000,000	
									PRODUCTS - COMP/OP AGG	\$	2,000,000	
	<u> </u>	OTHER:							COMBINED SINGLE LIMIT	\$	1,000,000	
			v		CLB1001273	7/20	7/20/2024	7/20/2025	(Ea accident)	\$	1,000,000	
		ANY AUTO OWNED AUTOS ONLY AUTOS	X	CLD1001275	1/20/2024		1120/2025	BODILY INJURY (Per person)	\$			
	x								BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$		
										\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
		DED RETENTION \$	1							\$		
	WC	DRKERS COMPENSATION ID EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
			N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED?								E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below Directors & Officers						7/20/2024	7/20/2025	E.L. DISEASE - POLICY LIMIT Deductible: \$1.000	\$	1 000 000	
E	5 0	rectors & Onicers	X		TBD_CPDO		1/20/2024	1120/2025	Deductible: \$1,000		1,000,000	
Ple	ease	PTION OF OPERATIONS / LOCATIONS / VEHIC see Certificate of Property, Acord 24	LES (	ACORI	D 101, Additional Remarks Schedu erty values			e space is requir	ed)			
	ERTI	IFICATE HOLDER				CAN	CELLATION					

RealManage Family of Brands | 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



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## **CERTIFICATE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY) 07/19/2024

**MSUMNER** 

C B	ERT ELO	IFICATE DO	ES NOT AFFIR ERTIFICATE OI	AS A MATTER OF INFORMATION ( MATIVELY OR NEGATIVELY AMEN F INSURANCE DOES NOT CONSTI R, AND THE CERTIFICATE HOLDER.	ND, EXTEND OR TUTE A CONTR	ALTER THE CO	OVE	RAGE AFFORDED	BY TH	E POLICIES		
PRO	DUCE	R				CONTACT						
			ency, Inc.		PHONE EVAL (8	NAME:   PHONE (A/C, No, Ext): (877) 317-9300 FAX (A/C, No): (877) 317-9305						
790	Sto	nsurance Ag	e, Suite 403		E-MAIL info	(A/C, No, Ext): (077) 517-5300 (A/C, No): (077) 517-5303 E-MAIL ADDRESS: info@hoainsurance.net						
Plea	san	ton, CĂ 94588	3		ADDRESS: PRODUCER							
					CUSTOMER ID:	PRODUCER CUSTOMER ID: FOUNHIL-01 INSURER(S) AFFORDING COVERAGE NAIC #						
						INSURER(S) AFFORDING COVERAGE						
INSU	RED					INSURER A : Allianz Global Risks US Insurance Company						
		Fountai	n Hills Unit Owr	ners Association	INSURER B : CO	INSURER B : Continental Casualty Company						
				Brands   Vision Community Managen	P INSURER C :							
			Desert Foothill AZ 85048	s Pkwy	INSURER D :							
		Phoenix	, AZ 00040		INSURER E :							
					INSURER F :							
со	VER	AGES		CERTIFICATE NUMBER:	I		RE	VISION NUMBER:				
LOC		OF PREMISES /	DESCRIPTION OF PR	OPERTY (Attach ACORD 101, Additional Remark	s Schedule, if more sp	ace is required)						
Crin T	HIS I:	NDIOYEE Disho S TO CERTIFY ATED. NOTWI	THAT THE POLIC	rd 25, for remaining coverage. Equipme ond includes Property Manager as an CIES OF INSURANCE LISTED BELOW HAY Y REQUIREMENT, TERM OR CONDITION Y PERTAIN. THE INSURANCE AFFORDE	Employee. VE BEEN ISSUED 1 OF ANY CONTRAC	TO THE INSURED N	AME UME	ED ABOVE FOR THE PO	O WHIC	HTHIS		
E	XCLL		ONDITIONS OF S	UCH POLICIES. LIMITS SHOWN MAY HA	VE BEEN REDUCE	D BY PAID CLAIMS. POLICY EXPIRATION		COVERED PROPERTY		LIMITS		
	v				DATE (MM/DD/YYYY)	DATE (MM/DD/YYYY)						
1	X			CLB1001273	07/20/2024	07/20/2025		BUILDING	\$			
	CAL	JSES OF LOSS	DEDUCTIBLES	CLB1001273	07/20/2024	07/20/2025		PERSONAL PROPERTY	\$			
		BASIC	BUILDING 5.000					BUSINESS INCOME	\$			
		BROAD		-				EXTRA EXPENSE	\$			
	X	SPECIAL						RENTAL VALUE	\$			
		EARTHQUAKE						BLANKET BUILDING	\$			
		WIND						BLANKET PERS PROP	\$			
		FLOOD					X	BLANKET BLDG & PP	\$	2,448,295		
	x	Bld Ord Cov A:		-			X	Bld Ord Cov B:	\$	500,000		
							X	Bld Ord Cov C:	-	500,000		
			-						\$			
	-		-	TYPE OF POLICY				-	\$			
	CAL	JSES OF LOSS						-	\$			
		NAMED PERILS		POLICY NUMBER				-	\$			
L_								Darlarstillers \$4,000	\$			
B	X	CRIME					X	Deductible: \$1,000	\$	75,000		
	TYF	E OF POLICY							\$			
	Fic	lelity Bond		TBD_CPDO	07/20/2024	07/20/2025			\$			
		BOILER & MACH							\$			
		EQUIPMENT BR	EAKDOWN					]	\$			
									\$			
								1	\$			
A- S 4% i All-I Sev	peci nflat n (ex erabi	al Form, 100% ion guard incl cluding bette lity of Interest	Replacement C	ACORD 101, Additional Remarks Schedule, may b ost on an agreed value with no coinsu rovements) ckage Policy.		'ce is required)	1	1				
	סדור		TER									
	CERTIFICATE HOLDER CANCELLATION											
RealManage Family of Brands   Vision Community Management 16625 S Desert Foothills Pkwy					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.						
Phoenix, AZ 85048												
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