

Devonshire Square Condominium Association, Inc.

c/o Vision Community Management

16625 S Desert Foothills Pkwy

Phoenix, AZ 85048

Phone (480) 759-4945

Email: DevonshireSquare@WeAreVision.com

December 4, 2023

RE: Insurance Information

Effective October 30, 2023 A.R.S 33-1253 (condominiums only) went into effect. This statute requires the HOA to inform the membership of the Owner's responsibility of the insurance deductible for property and liability coverage and the amount of each deductible.

As a unit owner, you are responsible for insuring the contents of your unit and your personal liability. Your agent should know and understand that you may be responsible for the deductible if the loss results from an area within your responsibility. The Association's deductible is \$5,000 which depending on the circumstances of the loss, could be your responsibility as a homeowner.

Be sure to contact your personal agent and make sure that you are adequately covered, and your coverage coincides with the Association's insurance. Report all claims immediately to Vision Community Management.

Enclosed is a copy of the Association's certificate of insurance, which may also be found on the community's website located at: www.WeAreVision.com/DEV

Thank you,

Vision Community Management

On behalf of the Association

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

12/4/2023

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.

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).

PRODUCER Cox Insurance Services 10607 N. Frank Lloyd Wright Blvd Suite 101 Scottsdale, AZ 85259	CONTACT NAME:	
	PHONE (A/C. No. Ext): (480) 907-6000	FAX (A/C. No): (480) 664-8275
E-MAIL ADDRESS: certificate@coxinsurance.net		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Mid-Century Insurance Company	21687	
INSURED Devonshire Square Condominium Association, Inc C/O Vision Community Management 16625 S. Desert Foothills Pkwy. Phoenix, AZ 85048	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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

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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR D&O- \$1,000,000 DED- \$1,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		<input checked="" type="checkbox"/>	606772579	12/2/2023	12/2/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 75,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			606772579	12/2/2023	12/2/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Employee Dishonesty			606772579	12/02/2023	12/02/2024	\$1,000 DED \$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 30 days notice of cancellation is required prior to cancellation

Vision Community Management is listed as an Additional Insured.

CERTIFICATE HOLDER**CANCELLATION**

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

**EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY)

9/23/2024

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.

AGENCY Cox Insurance Services 10607 N. Frank Lloyd Wright Blvd Suite 101 Scottsdale, AZ 85259		PHONE (A/C, No, Ext): (480) 907-6000	COMPANY Mid-Century Insurance Company 4680 WILSHIRE BLVD LOS ANGELES, CA 90010	
FAX (A/C, No): (480) 664-8275	E-MAIL ADDRESS: certificate@coxinsurance.net			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #:				
INSURED Devonshire Square Condominium Association, Inc. C/O Vision Community Management 16625 S. Desert Foothills Pkwy. Phoenix, AZ 85048		LOAN NUMBER	POLICY NUMBER 606772579	
		EFFECTIVE DATE 12/02/2023	EXPIRATION DATE 12/02/2024	<input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION 724 E. Devonshire Ave., Phoenix, AZ 85014

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COVERAGE INFORMATION

PERILS INSURED BASIC BROAD SPECIAL

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Building- 100% Replacement Cost	\$7,020,624	\$5,000
Business Personal Property (BPP)	\$10,000	\$5,000
Building Ordinance Or Law - 1 (Undamaged Part)	Included	None
Building Ordinance Or Law - 2 (Demolition Cost)	\$250,000	None
Building Ordinance Or Law - 3 (Increased Cost)	\$250,000	None
Specified Property	\$50,000	\$5,000
Unit Owners Coverage	Included	\$5,000
Equipment Breakdown	Included	\$5,000

REMARKS (Including Special Conditions)

7 Buildings 26 Units

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 Vision Community Management 16625 S. Desert Foothills Pkwy. Phoenix, AZ 85048	ADDITIONAL INSURED	LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
	MORTGAGEE		
	LOAN #		
AUTHORIZED REPRESENTATIVE <input checked="" type="checkbox"/> 			