EVIDENCE OF PROPERTY INSURANCE THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS											ATE (MM/DD/YYYY)		
										_	10/21/2024		
ADDITIONAL INTEREST NAMED I COVERAGE AFFORDED BY THE ISSUING INSURER(S), AUTHORIZ	BELOW. THIS EVIDENCI POLICIES BELOW. THIS ED REPRESENTATIVE (	E DOES NOT	AFFIF OF IN	RMATIVE SURANO	ELY OR I	NEGAT	IVEL CON	.Y AM STITU	END, E	EXTEND C	OR ALT	ER THE	
AGENCY PHONE (A/C, No. Stephanie Schaffroth Insurance Ag	Ext): 480-483-6221		-	OMPANY				_					
Stephanie Schaffroth Insurance Agency 34225 N 27th Drive #112				Truck Insurance Exchange Company									
34225 N 27th Drive #112 Phoenix AZ 85085					PO Box 29054								
			Р	hoenix,	AZ 853	808							
FAX (A/C, No): 480-922-7280 E-MAIL ADDRESS:	sschaffroth@farmersag	jent.com											
	SUB CODE:												
AGENCY CUSTOMER ID #:					- 0								
INSURED PASEO LAS COLINAS NEIGHBORHOOD				LOAN NUMBER						POLICY NUMBER 606630350			
16625 S. Desert Foothills Parkway				EFFECTIVE DATE EXPIRATION									
Phoenix AZ 85048											ED UNTIL TED IF CHECKED		
				THIS REPLACES PRIOR EVIDENCE DATED:									
						LTIDEN							
LOCATION/DESCRIPTION 6400 E JOMAX RD													
SCOTTSDALE,AZ 85266													
THE POLICIES OF INSURANCE LIS	TED BELOW HAVE BEEN	I ISSUED TO T	HE IN	SURED	NAMED	ABOVE	FO	R THE	POLIC		) INDIC	ATED.	
NOTWITHSTANDING ANY REQUIRE													
EVIDENCE OF PROPERTY INSURA SUBJECT TO ALL THE TERMS, EXC													
,		BASIC		BROAD				1	BEEN	REDOOL	0 0117		
COVERAGE INFORMATION	PERILS INSURED		t	BRUAD	5P	ECIAL			AMO	UNT OF INSU	PANCE	DEDUCTIBLE	
Building/Special Form/Coverage Fo												\$2500	
Liability									\$1mil	l/\$2millio	n		
Directors and Officers									\$1,00	0,000			
Employee Dishonesty (Includes coverage for the Management Company)									\$10,0	00			
Non Owned Autos Only									\$1 mi	llion			
REMARKS (Including Special Cor	ditions)												
CANCELLATION													
SHOULD ANY OF THE ABOVE DE	SCRIBED POLICIES BE		) BEF	ORE TH	E EXPIR		DA	ЕТН	EREOF	, NOTICE	WILL	BE	
DELIVERED IN ACCORDANCE W													
ADDITIONAL INTEREST													
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NAME AND ADDRESS Vision Community Managemen 16625 S Desert Foothills Pkwy	t		LO	4		ED	LEN		.055 PA1	ABLE		DSS PAYEE	
NAME AND ADDRESS	t			MORTGA AN #	GEE		LEN		.055 PA1	ABLE		DSS PAYEE	
NAME AND ADDRESS Vision Community Managemen 16625 S Desert Foothills Pkwy	t			MORTGA	GEE								
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