

# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 01/27/2025

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.

COVERAC	CEC CEDTIFICATE	MILIMPED		·	DEVISION NUI	MDED.	•		
	PHOENIX,	AZ	85048-8467	INSURER F:					
				INSURER E :					
				INSURER D :					
	C/O VIGION COMMONITY MIGHT 10025 S	1 OO II IILLO F	INSURER C:						
	ROSEMONT REGENCY ASSOCIATION C/O VISION COMMUNITY MGMT 16625 S DES		EOOTUILLE D	INSURER B:					
					te i anni ne and casualty company		20110		
INSURED				INSURER A : Stat	25143				
	Tucson,	AZ	85712-3321		INSURER(S) AFFORDING COVERAGE		NAIC#		
				PRODUCER CUSTOMER ID					
	1660 N Alvernon Way			E-MAIL ADDRESS: emily.cadamagnani.yojf@statefarm.com					
State Farm	Emily Cadamagnani			PHONE (A/C, No, Ext): (520) 445-6444 (AC, N			520) 223-4303		
PRODUCER					ily Cadamagnani				
	ZENTANITE ON THOSOGER, AND THE GE		L IIOLDLIN						

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required) REFER TO ACORD 101.

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			SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY	LIMITS
	CAL	PROPERTY USES OF LOSS BASIC BROAD SPECIAL EARTHQUAKE WIND FLOOD	DEDUCTIBLES BUILDING \$1,000.00 CONTENTS	93-GJ-7605-0	01/01/2025	01/01/2026	×	BUILDING PERSONAL PROPERTY BUSINESS INCOME EXTRA EXPENSE RENTAL VALUE BLANKET BUILDING BLANKET PERS PROP BLANKET BLDG & PP	\$ \$179,200 \$ \$SEE ACORD 101 \$ \$SEE ACORD 101 \$ \$SEE ACORD 101 \$ \$ \$ \$ \$ \$
	CAL	INLAND MARINE JSES OF LOSS NAMED PERILS		TYPE OF POLICY POLICY NUMBER					\$ \$ \$ \$
	TYF	CRIME PE OF POLICY BOILER & MACHEQUIPMENT BR							\$ \$ \$ \$
									\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) REFER TO ACORD 101.

CERTIFICATE HOLDER		CANCELLATION
RealManage Family of Brands Vision Community Management		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
16625 S Desert Foothills Pkwy		AUTHORIZED REPRESENTATIVE
Phoenix.	AZ 85048-8470	IF SIGNATURE IS REQUIRED, PLEASE CONTACT AGENT.

© 1995-2015 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID:	
LOC#:	

Forms Ontions and Endorsoments:



# ADDITIONAL REMARKS SCHEDULE

Page	_1_	of	1
		_	

AGENCY	NAMED INSURED				
Emily Cadamagnani	ROSEMONT REGENCY ASSOCIATION				
POLICY NUMBER					
93-GJ-7605-0					
CARRIER					
State Farm Fire and Casualty Company	25143	EFFECTIVE DATE:	01/01/2025		

#### ADDITIONAL REMARKS

THIS ADDITIONAL REMARK	S FORM IS A SCHEDULE TO ACORD FORM.
FORM NUMBER: 24	FORM TITLE: Certificate of Property Insurance

### **Unit Owner:**

Rosemont Regency Association C/O Vision Community MGMT - 16625 S Desert Foothills Pkwy - Phoenix, - AZ - 85048-8470 - Unit Loan Number:0000 - Number Of Units: 0054

**Association Type:** Residential Community Association Policy

# Forms, Options and Endorsements:

i orino, optiono and En	uorsements.	i ornis, Options and Endorsements.				
CMP-4100	Businessowners Coverage Form	CMP-4814	Dir & Officers \$5,000,000			
CMP-4203.3	Amendatory Endorsement	FE-6999.3	Terrorism Insurance Cov Notice			
CMP-4550	Residential Community Assoc	CMP-4710	Emp Dishonesty \$25,000			
CMP-4508	Money and Securities	CMP-4705.2	Loss of Income & Extra Expense			
FE-3650	Actual Cash Value Endorsement	CMP-4573.2	Policy Endorsement			

### Coverages:

CMP-4532

Business Liability	\$5,000,000
Medical Payments	\$5,000
Products-Completed Operations	\$10,000,000
General Aggregate	\$10,000,000

#### Coverage

Unless otherwise endorsed, this policy provides replacement cost coverage on described property and common areas detailed within the Association Covenants, Conditions, and Restrictions (CC&Rs) including the following types of property within a unit, regardless of ownership:

- 1. Fixtures, improvements and alterations that are a part of the building or structure; and
- 2. Appliances such as those used for refrigerating, ventilating, cooking, dishwashing, laundering, security or housekeeping.

Replacement cost coverage is subject to the terms and conditions of the policy and any endorsements.

Exclusion Cyber Incident

Coverage under this policy may have been modified to provide actual cash value coverage rather than replacement cost coverage, or to remove specified property from coverage, if any endorsement containing in its title "ACV" or "Actual Cash Value," or "Additional Property Not Covered" is identified on this Certificate of Insurance.

Endorsements: FE-3650, FE-3653, FE-3658, and FE-3659 (Actual Cash Value) - These endorsements describe what the term "actual cash value" means where used in the policy. *However, these endorsements do not change any replacement cost coverage provided by the policy.* 

This policy provides coverage on a standalone/individual condominium association.

### **Commercial General Liability**

State Farm refers to this coverage as Business Liability Coverage. Coverage amount shown is Per Occurrence.

### Loss of Rents, Loss of Income and Extra Expense

If this coverage is shown, limits are "Actual Loss Sustained". Contact the agent to confirm the number of day's coverage.



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/27/2025

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.

						rms and conditions of the ificate holder in lieu of su				require an endorsement	. A st	atement on
PRO	DUCER		<u> </u>				CONTA NAME:		idamagnani			
Sta	te <i>Farm</i>	Emily Ca	adamagnani				PHONE	o, Ext): 520-44		FAX (A/C, No):		
		-	Alvernon Way				E-MAIL	omily oo		pjf@statefarm.com		
(		, , , , , , , , , , , , , , , , , , , ,					ADDRE	· ·		RDING COVERAGE		NAIC#
		Tucson				AZ 85712						25143
Meli	RED	1403011				AZ 0371Z			rm Fire and C	asualty Company		20140
INSU		OCEMONE	DECENOV AC	2001	^ TIO	1A1	INSURE	RB:				
			REGENCY AS			JIN .	INSURE	RC:				
	1	0025 S DES	SERT FOOTHIL	LS Pr	₹VV Y		INSURE	RD:				
	_						INSURE	RE:				
	Р	HOENIX				AZ 850488470	INSURE	RF:				
	VERAGES					NUMBER:				REVISION NUMBER:		
IN Cl	IDICATED. 1 ERTIFICATE XCLUSIONS 2	NOTWITHST. MAY BE IS:	ANDING ANY RE SUED OR MAY	EQUIF PERT POLI	REME TAIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT	FOR OTHER ES DESCRIBE PAID CLAIMS	ED NAMED ABOVE FOR TH DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	CT TO	WHICH THIS
LTR	Т	YPE OF INSUR	RANCE	INSD	SUB WVD	POLICY NUMBER			(MM/DD/YYYY)	LIMITS	<b>i</b>	
		RCIAL GENERA	OCCUR							DAMAGE TO RENTED	\$ \$	
										T TEMPOLO (La cocarronce)	\$	
											\$	
	GEN'L AGGRE	EGATE LIMIT A	PPLIES PER:								\$	
	POLICY	PRO-	LOC								\$ \$	
	OTHER:	JECT									\$ \$	
	AUTOMOBILE	LIABILITY								COMBINED SINGLE LIMIT		
	ANY AU									(La debidolity	\$	
	OWNED		SCHEDULED							` ' '	\$	
	AUTOS (	ONLY	AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS	ONLY	AUTOS ONLY							(Per accident)	\$	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \										\$	
_	<del></del>		OCCUR								\$ 5,000	
Α	EXCESS	-	CLAIMS-MADE	N/A		93-C6-E407-4		02/20/2025	02/20/2026	AGGREGATE	\$ 5,000	0,000
	DED 2		N \$ 10,000								\$	
	AND EMPLOY	OMPENSATION 'ERS' LIABILIT'	v							PER OTH- STATUTE ER	\$	
	ANY PROPRIE	TOR/PARTNER	R/EXECUTIVE T / N	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in	NH)								E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe DESCRIPTION	e under N OF OPERATI	ONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	PIPTION OF O	PERATIONS / I	OCATIONS / VEHIC	LES (A	ACORE	│ D 101, Additional Remarks Schedu	ıle may b	e attached if mo	re space is requi	har.		
	E ACORD 10		OCATIONS / VEHIC	LES (A	4COKL	7 TOT, Additional Remarks Schedu	ile, may b	e attached il illoi	re space is requi	euj		
OL.	- AOOND II	<i>,</i>										
CEI	RTIFICATE	HOLDER					CANO	ELLATION				
		•	Family of Branco				THE	EXPIRATION	N DATE TH	DESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		
			unity Managem				AUTHO	RIZED REPRESE	NTATIVE			
			ert Foothills Pkv	vy								04/07/0005
	Р	hoenix				AZ 85048-8470	I			This form was system-gen	erated on	01/21/2025

© 1988-2015 ACORD CORPORATION. All rights reserved.