



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/10/2025

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. 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		CONTACT NAME: Dee Dungan	
Neate Dupey Insurance Group		PHONE (A/C, No, Ext): (480) 391-3000	FAX (A/C, No):
8700 E. Vista Bonita Dr. Suite 270		E-MAIL ADDRESS: dee@neatedupey.com	
Scottsdale AZ 85255		INSURER(S) AFFORDING COVERAGE	
		INSURER A: PROPERTY & CASUALTY INS CO OF HARTFORD	NAIC # 34690
INSURED		INSURER B: STARNET INSURANCE CO 40045	
Broken Arrow Ranch Condominiums		INSURER C:	
16625 S Desert Foothills Pkwy		INSURER D:	
Phoenix AZ 85048-8470		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			59SBABE1M8K	03/20/2025	03/20/2026	EACH OCCURRENCE	\$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 4,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 4,000,000
	OTHER:							\$
A	AUTOMOBILE LIABILITY			59SBABE1M8K	03/20/2025	03/20/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
							\$	
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DED							\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N		N/A			E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B	Directors and Officers			QDO0002605-00	03/20/2025	03/20/2026	LIMIT	\$1,000,000
							RETENTION	\$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

See ACORD 101

CERTIFICATE HOLDER **CANCELLATION**

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	
Phoenix AZ 85048	AUTHORIZED REPRESENTATIVE
	SCOTT SHIRLEY

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ADDITIONAL REMARKS SCHEDULE

AGENCY Neate Dupey Insurance Group		NAMED INSURED Broken Arrow Ranch Condominiums	
POLICY NUMBER 59SBABE1M8K, QDO0002605-00		EFFECTIVE DATE:	
CARRIER PROPERTY & CAS INS CO OF HARTFORD	NAIC CODE 34690, 4004		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate Of Liability Insurance

Separation of insured clause applies as per policy language. 10 day notice of cancellation for non-payment/30 day notice for all other reasons. Building coverage of \$4,569,400 extended replacement cost of 125%, includes equipment breakdown, Building Ordinance limit A- Building limit, coverage B & C \$250,000. Property Manager listed as an additional insured on the liability, Employee Dishonesty and D&O coverage. Vision Community Management is included as additional insured by endorsement as required by contract.



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

02/10/2025

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 Neate Dupey Insurance Group 8700 E. Vista Bonita Dr. Suite 270 Scottsdale AZ 85255		PHONE (A/C, No, Ext): (480) 391-3000		COMPANY PROPERTY AND CASUALTY INS. CO OF HARTFORD NAIC#34690	
FAX (A/C, No):		E-MAIL ADDRESS: dee@neatedupey.com			
CODE:		SUB CODE:			
AGENCY CUSTOMER ID #:		LOAN NUMBER		POLICY NUMBER 59SBABE1M8K	
INSURED Broken Arrow Ranch Condominiums 16625 S DESERT FOOTHILLS PKWY PHOENIX AZ 85048		EFFECTIVE DATE 03/20/2024	EXPIRATION DATE 03/20/2025	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION

LOCATION/DESCRIPTION 16307 & 16308 E ARROW DRIVE FOUNTAIN HILLS, AZ 85268-8725		2 BUILDINGS, 22 UNITS	
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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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION	PERILS INSURED				AMOUNT OF INSURANCE	DEDUCTIBLE
	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL			
COVERAGE / PERILS / FORMS						
BUILDING LIMIT TOTAL					\$ 4,569,400	\$ 5,000
125% EXTENDED REPLACEMENT COST						
WIND/HAIL COVERAGE INCLUDED					INCL IN BLDG LIMIT	
ORDINANCE OR LAW - COV A INCLUDED IN BLDG LIMIT, COV B&C					\$ 250,000	
EQUIPMENT BREAKDOWN					INCL IN BLDG LIMIT	\$ 5,000
CRIME/FIDELITY					\$ 50,000	\$5,000
WALLS IN COVERAGE - LESS IMPROVEMENTS AND BETTERTMENTS						
NO CO-INSURANCE						

REMARKS (Including Special Conditions)

Separation of insured clause applies as per policy language. 10 day notice of cancellation for non-payment/30 day notice for all other reasons. Building coverage of \$4,569,400 extended replacement cost of 125%, includes equipment breakdown, Building Ordinance limit A- Building limit, coverage B & C \$250,000. Property Manager listed as an additional insured on the liability, Employee Dishonesty and D&O coverage.

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 PROOF OF INSURANCE	<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE	<input checked="" type="checkbox"/> Evidence of Insurance	
	LOAN #		
AUTHORIZED REPRESENTATIVE SCOTT SHIRLEY			

NEATE DUPEY INSURANCE GROUP

8700 E Vista Bonita Dr #270 Scottsdale, AZ 85258

Phone (480) 391 3000 scott@neatedupey.com

Broken Arrow Ranch Condominium Association master insurance policy coverage

Key information regarding the Associations insurance policy

The Hartford Insurance is the company of record for the master insurance policy.

PROPERTY insurance on the general common elements and units is covered. Special form replacement cost coverage applies. Policy written as per CCR requirements. Improvements and Betterments not covered on master policy.

LIABILITY insurance; \$2,000,000 with Hartford Insurance.
DIRECTORS & OFFICERS coverage; \$1,000,000 with StarNet insurance.
FIDELITY BOND; \$50,000 with Hartford Insurance.

The master insurance policy property deductible is \$5,000.00.

CLAIMS MUST BE FILED THROUGH THE PROPERTY MANAGEMENT COMPANY.

Unit owner's insurance needs.

Note: Unit owner's personal property, personal liability, and building coverage below policy deductible within the unit is not covered under the master policy. Coverage follows the insurance language of the CCR's.

You need an individual Condominium owner's policy to pick up coverage for your personal property, personal liability, and any building coverage below policy deductible along with all improvements and betterments, Condo policy you need is known as an HO6 policy.

To request evidence of insurance for a lender please email request to:

clientservices@neatedupey.com / dee@neatedupey.com

Note: this is intended to provide a summary of insurance. This is not a policy. In all cases the declarations, terms, conditions, and exclusions of the actual policy will apply.