



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/23/2025

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).

|  |  |  |               |
|--|--|--|---------------|
| <b>PRODUCER</b><br><br>Regina Stapley(8847330)<br>51 W Elliot Rd Ste 109<br><br>Tempe AZ 85284-1311      |  | <b>CONTACT NAME:</b> Regina Stapley<br><br><b>PHONE (A/C, NO, EXT):</b> 480-838-5917<br><b>FAX (A/C, NO):</b> 480-345-9303<br><br><b>E-MAIL ADDRESS:</b> rstapley@farmersagent.com |               |
|  |  | <b>INSURER(S) AFFORDING COVERAGE</b>   | <b>NAIC #</b> |
| <b>INSURED</b><br><br>PARK PALISADES HOMEOWNERS<br>16625 S DESERT FOOTHILLS PKWY<br><br>PHOENIX AZ 85048 |  | <b>INSURER A:</b> Truck Insurance Exchange   | 21709         |
|  |  | <b>INSURER B:</b> Farmers Insurance Exchange   | 21652         |
|  |  | <b>INSURER C:</b> Mid Century Insurance Company  | 21687         |
|  |  | <b>INSURER D:</b>  |               |
|  |  | <b>INSURER E:</b>  |               |
|  |  | <b>INSURER F:</b>  |               |

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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   | ADDTL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                              |              |
|----------|---|------------|----------|---------------|-------------------------|-------------------------|-------------------------------------|--------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><div><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR</div>   | Y          | N        | 607186374     | 02/15/2025              | 02/15/2026              | EACH OCCURRENCE                     | \$ 2,000,000 |
|          | DAMAGE TO RENTED PREMISES (Ea Occurrence)   |            |          |               |                         |                         | \$ 75,000                           |              |
|          | MED EXP (Any one person)  |            |          |               |                         |                         | \$ 5,000                            |              |
|          | PERSONAL & ADV INJURY   |            |          |               |                         |                         | \$ 2,000,000                        |              |
|          | GENERAL AGGREGATE   |            |          |               |                         |                         | \$ 4,000,000                        |              |
|          | PRODUCTS - COMP/OP AGG  |            |          |               |                         |                         | \$ 2,000,000                        |              |
|          |   |            |          |               |                         |                         | \$                                  |              |
|          | <b>AUTOMOBILE LIABILITY</b><br><div><input type="checkbox"/> ANY AUTO<br/><input type="checkbox"/> OWNED AUTOS ONLY<br/><input type="checkbox"/> HIRED AUTOS ONLY</div> <div><input type="checkbox"/> SCHEDULED AUTOS<br/><input type="checkbox"/> NON-OWNED AUTOS ONLY</div> |            | N        |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) | \$           |
|          | BODILY INJURY (Per person)  |            |          |               |                         |                         | \$                                  |              |
|          | BODILY INJURY (Per accident)  |            |          |               |                         |                         | \$                                  |              |
|          | PROPERTY DAMAGE (Per accident)  |            |          |               |                         |                         | \$                                  |              |
|          |   |            |          |               |                         |                         | \$                                  |              |
|          |   |            |          |               |                         |                         | \$                                  |              |
|          | <b>UMBRELLA LIAB</b><br><b>EXCESS LIAB</b>  |            |          |               |                         |                         | EACH OCCURRENCE                     | \$           |
|          | AGGREGATE   |            |          |               |                         |                         | \$                                  |              |
|          |   |            |          |               |                         |                         | \$                                  |              |
|          | DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>  |            |          |               |                         |                         | PER STATUTE                         | OTHER \$     |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |            |          |               |                         |                         |                                     |              |
|          |   |            |          |               |                         |                         |                                     |              |
|          |   |            |          |               |                         |                         |                                     |              |
|          |   |            |          |               |                         |                         |                                     |              |
| A        | Employee Dishonesty (Fidelity)  |            |          | 607186374     |                         |                         | Ded 5000                            | \$25,000     |

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

Directors & Officers \$2,000,000 Ded 500. Building Limit \$3,635,300 Ded 5000  
Vision Community Management is additional insured.

CERTIFICATE HOLDER

CANCELLATION

|  |  |  |
|--|--|--|
| VISION COMMUNITY MANAGEMENT<br>16625 S DESERT FOOTHILLS PKWY<br><br>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.<br><br>AUTHORIZED REPRESENTATIVE Regina Stapley |
|--|--|--|

February 28<sup>th</sup>, 2025

To: **Park Palisades (Shadow Canyon) Condominium Unit Owners**

Farmers Insurance is pleased to offer the Master insurance policy for the Park Palisades Condominium effective February 15<sup>th</sup>, 2024. In regard to the Master insurance policy, there are a few items we would like to review.

This policy provides property coverage for the common area property that the Association is responsible to rebuild back to original construction. Please refer to the Master policy for the terms, conditions, exclusions and deductibles of your Master policy as well as your Association's Covenants, Conditions and Restrictions.

Building property coverage does not include personal property. This coverage also will not cover any building property that you are responsible for according to the Park Palisades Condominium's CC&Rs or that do not meet the Master policies \$5,000 deductible. Unit owners may be responsible to pay the insurance deductible related to a loss for their specific property. Unit owners are responsible for the full cost of the repair if it less than the deductible.

Any upgrades, betterments and improvements made to the unit since the original build will also need to be insured under your personal policy. Every owner (including those who rent their property to others) needs a personal HO6 policy. When purchasing the unit owner's personal HO6 policy, that policy should include:

- Unit Owner's contents which should include theft
- Mold coverage is excluded under the Master policy. Many personal policies will offer this coverage. Unit owners will want to talk to their personal agent regarding mold coverage.
- Items that fall below the Master policy deductible of \$5,000.
- Items that are excluded from the Master policy's building property coverage.
- Loss Assessment Endorsement.
- Any building property coverage that the unit owner is responsible for according to the Park Palisades Condominium CC&Rs.
- Unit Owners liability coverage.

Amounts should be determined by each unit owner with the help of your personal agent. Your personal policy should include any other coverage you and your personal agent believe are appropriate. It is important that claims are reported to the Board of Directors and/or the Property Manager as soon as possible. Failure to promptly report a claim may result in the claim not being covered or only portions of the damage to be covered by the insurer.

If you do not have a personal agent, Farmers Insurance will be happy to help you on your HO6 policy. Agent **Regina Stapley** can be reached at **#480-838-5917** or [rstapley@farmersagent.com](mailto:rstapley@farmersagent.com) to help you in this process.

***We appreciate your business!***