




# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
07/15/2025

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.

<b>PRODUCER</b>		<b>CONTACT NAME:</b> RICHARD SANCHEZ	
 RICHARD SANCHEZ 901 N SAN FRANCISCO ST FLAGSTAFF AZ 86001		<b>PHONE (A/C, No, Ext):</b> 928-774-0657	<b>FAX (A/C, No):</b>
		<b>E-MAIL ADDRESS:</b> richard.sanchez.d91k@statefarm.com	
		<b>PRODUCER CUSTOMER ID:</b>	
<b>INSURED</b>		<b>INSURER(S) AFFORDING COVERAGE</b>	
LAKE MARY PARK ESTATES HOA 16625 S DESERT FOOTHILLS PKWY PHOENIX AZ 85048		<b>INSURER A :</b> State Farm Fire and Casualty Company <b>INSURER B :</b> <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>	
		<b>NAIC #</b> 25143	

## 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		TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/>	PROPERTY	DEDUCTIBLES	93-C9-1637-4	02/01/2025	02/01/2026		BUILDING	\$
	CAUSES OF LOSS							PERSONAL PROPERTY	\$
		BASIC	BUILDING				<input checked="" type="checkbox"/>	BUSINESS INCOME	\$ SEE ACORD 101
		BROAD	CONTENTS				<input checked="" type="checkbox"/>	EXTRA EXPENSE	\$ SEE ACORD 101
	<input checked="" type="checkbox"/>	SPECIAL					<input checked="" type="checkbox"/>	RENTAL VALUE	\$ SEE ACORD 101
		EARTHQUAKE					BLANKET BUILDING	\$	
		WIND					BLANKET PERS PROP	\$	
		FLOOD					BLANKET BLDG & PP	\$	
							<input checked="" type="checkbox"/>	LIABILITY	\$ SEE ACORD 101
									\$
		INLAND MARINE	TYPE OF POLICY					\$	
	CAUSES OF LOSS						\$		
		NAMED PERILS	POLICY NUMBER				\$		
							\$		
		CRIME						\$	
	TYPE OF POLICY							\$	
								\$	
A	<input checked="" type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN	93-C9-1637-4	02/01/2025	02/01/2026			\$	
								\$	
								\$	
								\$	

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

REFER TO ACORD 101.

Management Company is Additionally Insured on the General Liability, D&O Liability.

## 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

Completed by an authorized State Farm representative. If signature is required, please contact agent.

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# **ADDITIONAL REMARKS SCHEDULE**

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<b>AGENCY</b> RICHARD SANCHEZ		<b>NAMED INSURED</b> LAKE MARY PARK ESTATES HOA	
<b>POLICY NUMBER</b> 93-C9-1637-4			
<b>CARRIER</b> State Farm Fire and Casualty Company	<b>NAIC CODE</b> 25143	<b>EFFECTIVE DATE:</b> 02/01/2025	

## **ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 24 **FORM TITLE:** CERTIFICATE OF PROPERTY INSURANCE

MANAGEMENT COMPANY: IS ADDITIONALLY INSURED ON THE GENERAL LIABILITY AND D&O LIABILITY

ASSOCIATION TYPE: RESIDENTIAL COMMUNITY ASSOCIATION POLICY

LOCATIONS: CAMILLE DR, PAULINE DR, AND LAKE MARY RD

### **FORMS, OPTIONS AND ENDORSEMENTS:**

CMP-4100 Businessowners Coverage Form  
 CMP-4203.3 Amendatory Endorsement  
 CMP-4550 Residential Community Assoc  
 FE-3650 Actual Cash Value Endorsement  
 CMP-4532 Exclusion Cyber Incident

### **FORMS, OPTIONS AND ENDORSEMENTS:**

CMP- 4814 Dir & Officers \$1,000,000  
 FE-6999.3 Terrorism Insurance Cov Notice  
 Option DO Dir & Officers \$1,000,000  
 CMP-4573.2 Policy Endorsement

### **Coverages:**

Business Liability \$1,000,000  
 Medical Payments \$5,000  
 Products-Completed Operations \$2,000,000  
 General Aggregate \$2,000,000

### **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. 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.