LAKEVIL-11 RMOSELEY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/23/2025

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).

PRODUCER The Mahoney Group - Mesa 1835 South Extension Road Mesa, AZ 85210	CONTACT NAME: PHONE (A/C, No, Ext): (480) 730-4920 FAX (A/C, No): (480) 730-4929 E-MAIL ADDRESS:
INSURED Lakeside Village Condominium Association, Inc. c/o Woodriver Properties LLC 3826 Grand View Blvd., #6 Los Angeles, CA 90066	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A : Philadelphia Indemnity Ins. Co / 18058 INSURER B : INSURER C : INSURER D : 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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR	X		PHPK2649360	2/1/2025	2/1/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY PRO-JECT X LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	X OTHER: $10,000 Deductible							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / 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	$

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

RE: Lakeside Village Condominium Association, 855 N. Dobson Road, Chandler, AZ 85224

Certificate Holder is included as an Additional Insured as respects General Liability and Umbrella Liability and as required by written contract; Terrorism coverage is included on both General Liability and Umbrella Liability and not subject to a sublimit; 30 day notice of cancellation, 10 days for non-payment of premium. $10,000 General Liability Deductible.

CERTIFICATE HOLDER

Vision Community Management
16625 S. Desert Foothills Parkway
Phoenix, AZ 85048

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.

AUTHORIZED REPRESENTATIVE

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LAKEVIL-02 WMYERS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/3/2025

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:	
The Mahoney Group - Phoenix 20333 North 19th Avenue, Suite 101 Phoenix, AZ 85027	PHONE (A/C, No, Ext): (623) 215-1300	FAX (A/C, No): (623) 215-1333
	E-MAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Travelers Casualty & Surety Company of America	31194
INSURER B : Continental Casualty Company	20443
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Lakeside Village Condominium
c/o Vision Community Mgmnt
16625 S Desert Foothills Pkwy
Phoenix, AZ 85048

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	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Crime/Fidelity	X		105716239	10/1/2025	10/1/2026	10,000 Deductible	1,000,000
B	Directors & Officers	X		0598925681	10/1/2025	10/1/2026	1,000 Deductible	1,000,000

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

CERTIFICATE HOLDER

Vision Community Management
16625 S Desert Foothills Pkwy
Phoenix, AZ 85048

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.

AUTHORIZED REPRESENTATIVE

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RMOSELEY

ACORD

EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY): 1/23/2025

THIS EVIDENCE OF COMMERCIAL 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.

PRODUCER NAME, CONTACT PERSON AND ADDRESS The Mahoney Group - Mesa 1835 South Extension Road Mesa, AZ 85210 Contact name:	PHONE (A/C, No, Ext): (480) 730-4920 FAX (A/C, No): (480) 730-4929 E-MAIL ADDRESS:
COMPANY NAME AND ADDRESS Philadelphia Indemnity Ins. Co One Bala Plaza Suite 100 Bala Cynwyd, PA 19004-1403	NAIC NO: 18058 IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH
CODE:	SUB CODE:
AGENCY CUSTOMER ID #: LAKEVIL-11	POLICY TYPE: Commercial Package
NAMED INSURED AND ADDRESS Lakeside Village Condominium Association, Inc. c/o Woodriver Properties LLC 3826 Grand View Blvd., #6 Los Angeles, CA 90066	LOAN NUMBER POLICY NUMBER: PHPK2649360 EFFECTIVE DATE: 2/1/2025 EXPIRATION DATE: 2/1/2026 ☐ CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)	THIS REPLACES PRIOR EVIDENCE DATED:

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) ☒ BUILDING OR ☐ BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION
Lakeside Village Condominium Association, Inc., 855 N. Dobson Rd, Chandler, AZ 85224

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: ☐ BASIC ☐ BROAD ☒ SPECIAL ☐

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: $ 21,100,464 DED: 5,000

	YES	NO	N/A				
☐ BUSINESS INCOME ☐ RENTAL VALUE		X		If YES, LIMIT:		Actual Loss Sustained; # of months:	
BLANKET COVERAGE	X			If YES, indicate value(s) reported on property identified above: $	21,100,464		
TERRORISM COVERAGE	X			Attach Disclosure Notice / DEC			
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		X					
IS DOMESTIC TERRORISM EXCLUDED?		X					
LIMITED FUNGUS COVERAGE		X		If YES, LIMIT:		DED:	
FUNGUS EXCLUSION (If "YES", specify organization's form used)	X						
REPLACEMENT COST	X						
AGREED VALUE	X						
COINSURANCE	X			If YES, 100 %			
EQUIPMENT BREAKDOWN (If Applicable)	X			If YES, LIMIT:	21,100,464	DED:	5,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	X			If YES, LIMIT:	21,100,464	DED:	5,000
- Demolition Costs	X			If YES, LIMIT:		DED:	5,000
- Incr. Cost of Construction	X			If YES, LIMIT:		DED:	5,000
EARTH MOVEMENT (If Applicable)		X		If YES, LIMIT:		DED:	
FLOOD (If Applicable)		X		If YES, LIMIT:		DED:	
WIND / HAIL INCL ☒ YES ☐ NO Subject to Different Provisions:		X		If YES, LIMIT:		DED:	5,000
NAMED STORM INCL ☒ YES ☐ NO Subject to Different Provisions:		X		If YES, LIMIT:		DED:	5,000
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	X						

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

☐ CONTRACT OF SALE ☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE ☐ MORTGAGEE ☒ Property Manager - CONDO	LENDER SERVICING AGENT NAME AND ADDRESS
NAME AND ADDRESS Vision Community Management 16625 S. Desert Foothills Pkwy Phoenix, AZ 85048	AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: LAKEVIL-11 RMOSELEY

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY The Mahoney Group - Mesa	NAMED INSURED Lakeside Village Condominium Association, Inc. c/o Woodriver Properties LLC 3826 Grand View Blvd., #6 Los Angeles, CA 90066
POLICY NUMBER PHPK2649360	
CARRIER: Philadelphia Indemnity Ins. Co / NAIC CODE: 18058	EFFECTIVE DATE: 02/01/2025

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 28 FORM TITLE: EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

Special Conditions:
Building Ordinance or Law Coverage A is included up to building limit; Building Ordinance or Law Coverage B&C Combined $3,000,000; Equipment Breakdown coverage included; 30 Day notice of cancellation; 10 Days for non-payment of premium

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THE MAHONEY GROUP
1835 S. Extension Rd., Mesa, AZ 85210
Phone # 623-215-1300 / Fax # 623-215-1333

Lakeside Condominium Association

2025-2026 Insurance Unit Owner Letter

At the request of your Board of Directors, The Mahoney Group has been selected to renew the Master Insurance Policy for your Association. We have enclosed a Certificate of Insurance for your review and records.

The Association's Master Policy covers many of the insurance needs for each Unit Owner. However, every Unit Owner that lives in their unit needs to have a personal HO-6 condominium policy for those items not covered by the Master Policy. If you own a unit but do not reside in it, or are renting a unit, please contact your personal insurance agent to discuss policy options to make sure you are adequately covered in the event of a loss.

In the event of a Master Policy covered loss, the Master Policy will pay to rebuild the unit back to its original construction, **minus the Master Policy deductible of $5,000. The Master Policy will not pay for any additions, upgrades, betterments, improvements or alterations made to the unit by any unit owner.**

Examples of covered losses include, but are not limited to: fire, lightning, windstorm, hail, explosion, smoke, vandalism, falling objects and sudden and immediate water escape or overflow. No coverage is provided for wear and tear, deterioration, damage by insects, settling or cracking, and there is no coverage for repeated leakage or seepage of water.

A Unit Owner's personal HO-6 condominium insurance policy should include the following:

- Coverage for Unit Owner's personal property, including theft of property.
- **Coverage for damaged property (claims) falling below the Deductible of $5,000, and coverage for what is excluded from the Master Policy, such as any additions, upgrades, betterments, improvements or alterations made to the unit since it was built.**
- Mold Coverage is excluded under the Master Policy, but some personal policies offer this coverage for an additional premium. Please check with your agent for limits and rates.
- A Loss Assessment Endorsement. This provides coverage in the event you as a Unit Owner are assessed by the Association for a covered loss.
- Coverage for the Unit Owner's personal liability.
- Additional Living Expenses/Loss of Use/Loss of Rents.
- Any other coverage you and your personal insurance agent deem necessary.

The amount of coverage and/or policy limits on the unit owner's personal policy is to be determined by the Unit Owner and his/her personal insurance agent. If you own a unit but do not reside in it, or are renting a unit, please contact your personal insurance agent to discuss policy options.

Claims for any Association-covered items must be submitted through your Property Manager.

We strongly recommend that you contact your personal insurance agent and review your Association's CC&R's to make sure you are adequately insured in the event of a loss.

The Mahoney Group Who To Call:

Insurance Account Manager:

Rebecca Lunsford / 480-214-2762 / rlunsford@mahoneygroup.com