



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/26/2026

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 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 LUNDGREN INSURANCE AGENCY 2 N CENTRAL AVE STE 1800 PHOENIX, AZ 85004	CONTACT NAME: MATT LUNDGREN PHONE (A/C. No. Ext): 602-218-6022 FAX (A/C. No): 800-878-3151 E-MAIL ADDRESS: CS@LUNDGRENINSURANCEAGENCY.COM														
INSURED FOUNTAIN OF THE SUN CONDOMINIUMS ASSN C/O VISION COMMUNITY MANAGEMENT 16625 S DESERT FOOTHILLS PKWY PHOENIX, AZ 85048	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: TRUSTAGE INSURANCE CO</td> <td>12758</td> </tr> <tr> <td>INSURER B: FEDERAL INS CO</td> <td>20281</td> </tr> <tr> <td>INSURER C: AMTRUST</td> <td>25011</td> </tr> <tr> <td>INSURER D: THE HANOVER INSURANCE CO</td> <td>22292</td> </tr> <tr> <td>INSURER E: USLI</td> <td>25895</td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: TRUSTAGE INSURANCE CO	12758	INSURER B: FEDERAL INS CO	20281	INSURER C: AMTRUST	25011	INSURER D: THE HANOVER INSURANCE CO	22292	INSURER E: USLI	25895	INSURER F:	
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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	COMMERCIAL GENERAL LIABILITY			ARDPK000316-00	2/24/2026	2/24/2027	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	\$ 10,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000
	OTHER:						GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
E	DIRECTORS AND OFFICERS			CAP1571942	7/9/2025	7/9/2026	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> CLAIMS MADE	Y						\$
	<input type="checkbox"/> OCCURRENCE							\$
								\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			G75294177	2/24/2026	2/24/2027	EACH OCCURRENCE	\$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 5,000,000
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE							\$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			KWC1439265	2/24/2026	2/24/2027	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	BUILDING COVERAGE			ARDPK000316-00	2/24/2026	2/24/2027		\$ 7,894,705

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 BUILDING COVERAGE: BARE WALLS POLICY. THE UNIT OWNERS ARE RESPONSIBLE TO INSURE THE INTERIOR OF THEIR UNIT.
 CLAIMS ARE SUBJECT TO A \$50,000 PROPERTY DEDUCTIBLE PER OCCURRENCE: 50 UNITS:
 POLICY INCLUDES BUILDING ORDINANCE A,B,C: BOILER / MACHINERY, SEPARATION OF INSURED, INFLATION GUARD AND WAIVER OF SUBROGATION.
 MANAGEMENT COMPANY IS ADDITIONAL INSURED ON GL, CRIME AND D&O
 BUILDINGS INSURED AT 100% REPLACEMENT COST. COMMON AREA INCLUDED IN REPLACEMENT COST OF \$7,894,705
 ** CRIME COVERAGE PROVIDED BY FEDERAL INSURANCE CO: \$100,000 IN COVERAGE: POLICY #BDW-M299225-00: 2/24/2026 - 2/24/2027

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 30 DAYS. AUTHORIZED REPRESENTATIVE
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LUNDGREN INSURANCE AGENCY, LLC

2 N Central Ave. Ste 1800
Phoenix, AZ 85004
602-218-6022 : 800-878-3151 – Fax
www.lundgreninsuranceagency.com

February 23, 2026

Fountain of the Sun Condominiums Association Hazard Insurance Information

****VERY IMPORTANT****

Your Board of Directors has purchased a new master insurance policy covering your Association effective 2/24/2026 – 2/24/2027 with Lundgren Insurance Agency. The Master Association's Policy covers the exterior of the buildings up to the drywall on the interior of the unit per your CCR's. This is referred to as a Bare Walls policy. The new policy includes 100% replacement cost.

It is the unit owner's responsibility to fully insure the interior of their unit. This includes things like built-in kitchen and bathroom cabinets, built-in appliances & fixtures as well as interior walls, ceilings, floor coverings, wall coverings and ceiling coverings. The policy has a \$50,000 deductible per occurrence. **Please note this is a change in the deductible.** The unit owner(s) who sustain damage may be assessed the deductible.

The policy includes Liability coverage for all common area & Professional Liability coverage for the Directors and Officers.

As the unit owner, you will need to fully insure the interior of your unit along with all personal property. You should also carry general liability coverage. The Association's policy will not cover your personal property or your personal liability.

Show this letter to your personal insurance agent for advice. Your agent should be able to provide coverage for the association's deductible on your personal policy in the event you are assessed.

Lastly, should you receive a request for proof of insurance from your lender, please see attached information on how to get us their information and we will send them the documents requested.

Regards,



Matt Lundgren



Established 2003



LUNDGREN INSURANCE AGENCY

602-218-6022 – OFFICE

800-878-3151 – FAX

www.lundgreninsuranceagency.com

matt@lundgreninsuranceagency.com

UNIT OWNER CERTIFICATE OF INSURANCE INFORMATION

At Lundgren Insurance Agency, we process all certificate of insurance requests in house. If you are contacted by your lender and are asked to provide a certificate of insurance, please do one of the following:

- **Email us the letter you received from your lender to cs@lundgreninsuranceagency.com**
- **Fax us the letter you received to 800-878-3151**
- **You can also use the following link:
<https://www.lundgreninsuranceagency.com/eoi-request-form/>**

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Explanation of Coverages for your personal HO6 or Condominium policy

Below are explanations of coverages for your personal insurance policy. You should discuss with your personal agent what the association provides and what coverage you require for your personal policy.

Building Coverage:

- Building coverage provides coverage for the interior buildout of your unit. This includes things like built in cabinets, counter tops, sinks, toilets, flooring, drywall, paint, wallpaper, fixtures, and built in appliances. Anything permanently attached to your unit can be considered “building” property. This coverage also applies when your association’s policy does not provide coverage for betterments and improvements.

Personal Property Coverage:

- Personal Property coverage pays for the replacement of your personal property within your unit. This includes items such as furniture, clothing, dishware, electronics, computers, refrigerators, washing machines, dryers, and free-standing stoves.

Personal Liability Coverage:

- Personal liability occurs in the event of an accident, in or out of your home, that results in bodily injury or property damage for which you are potentially held legally responsible.

Loss Assessment Coverage:

- Loss Assessment Coverage provides coverage in the event you are assessed the association deductible due to a covered peril. It also provides coverage in the event you are assessed your percentage of ownership due to a loss that exceeds the Master Association Insurance policy coverage amounts.

Please feel free to reach out to me directly to review your personal policy at 602-218-6022 Ext. 3



Established 2003

