

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

07/02/18

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 THE MAHONEY GROUP - PHOENIX 20333 N. 19th Ave Ste 200 Phoenix, AZ 85027 LeAnn Brum	Phone: 623-215-1300 Fax: 623-215-1333	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):													
	INSURED Scottsdale Shadows Regime IV 7800 E. Camelback Rd Scottsdale, AZ 85251		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : National Surety Corporation</td> <td>21881</td> </tr> <tr> <td>INSURER B : Travelers Casualty & Surety</td> <td>31194</td> </tr> <tr> <td>INSURER C : Continental Casualty Company</td> <td>20443</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : National Surety Corporation	21881	INSURER B : Travelers Casualty & Surety	31194	INSURER C : Continental Casualty Company	20443	INSURER D :		INSURER E :		INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #															
INSURER A : National Surety Corporation	21881															
INSURER B : Travelers Casualty & Surety	31194															
INSURER C : Continental Casualty Company	20443															
INSURER D :																
INSURER E :																
INSURER F :																

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

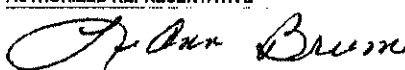
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY		DZJ80979779	07/01/18	07/01/19	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person)	\$ Excluded
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						\$
A	AUTOMOBILE LIABILITY		DZJ80979779	07/01/18	07/01/19	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS					BODILY INJURY (Per person)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS					BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		SUO00032271991-8605	07/01/18	07/01/19	EACH OCCURRENCE	\$ 15,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$ 15,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> 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	\$
B	Crime/Fidelity		105965400	07/01/18	07/01/19	42,500 Ded	4,250,000
C	Director & Officer		0251382278	07/01/18	07/01/19	1,000 Ded	1,000,000

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

Carrier A/Policy #DZJ80979779: Blanket Building Limit \$160,598,311 subject to \$10,000 Deductible. Replacement Cost. Special Form. Equipment Breakdown. Severability of Interest. Building Ordinance/Law included. 140 units.

CERTIFICATE HOLDER**CANCELLATION**

INFO--1 For Information Only	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 

Scottsdale Shadows IV, Inc. Responsibility Matrix

What is it?	Classification	Who Maintains it?	Who Insures it?	Provision
The Unit (inward from the interior, unfinished surfaces of the perimeter walls, floors, ceiling, doors and windows) and balconies, including all of the bathroom and kitchen fixtures installed by the developer but excluding carpeting, drapes, wall covering, fixtures, furniture, furnishings and other personal property installed by the owner as well as all air conditioning or other service machinery contained therein	Unit	Unit Owner	Association	Declaration at 1.4 (unit boundaries), 3.2 (maintenance), 12 (maintenance), 9 (a)-(g)(insurance); Bylaws at Article VI, Section 1 (insurance), 5 (insurance), Article VI, Section 7(a) (maintenance)
Carpeting, drapes, wall covering, fixtures, furniture, furnishings and other personal property installed by the owner as well as all air conditioning or other service machinery contained within the Unit	Unit	Unit Owner	Unit Owner	Declaration at 2.2 (maintenance); Bylaws at Article VI, Section 1 (insurance), 5 (insurance), Article VI, Section 7(a) (maintenance)
Carpeting, drapes, wall covering, fixtures, furniture, furnishings and other personal property installed by the owner as well as all air conditioning or other service machinery contained within the Unit	Unit	Unit Owner	Unit Owner	Declaration at 2.2 (maintenance); Bylaws at Article VI, Section 1 (insurance), 5 (insurance), Article VI, Section 7(a) (maintenance)
Internal installations within any Unit, such as water, light, gas, power, sewage, telephone, air conditioning, doors, windows, lamps and other accessories	Unit	Unit Owner	Association	Declaration at 9.1 (insurance); Bylaws at Article VI, Section 1 and 5 (insurance), Section 7(b) (maintenance)
Floor covering (carpeting or other approved covering)	Unit	Unit Owner	Unit Owner	Declaration at 12 (maintenance); Bylaws at Article VI, Section 5 (insurance) and 7 (maintenance)

Finished interior walls, floors and ceilings of patio and balcony as well as the patio or balcony as a whole	Unit	Unit Owner	Association	Declaration 3.2 (balcony description), 12 (maintenance), 9.1 (insurance); Bylaws at Article VI, Section 1 and 5 (insurance), Section 7 (maintenance)
Roof, bearing walls, and other structural components of the Buildings, as well as pipes, wires, conduits, ducts, flues, shafts, or public utility, water or sewer lines forming part of any system serving more than one Unit, gardening, and services related to Common Area facilities.	Common Elements	Association	Association	Declaration at 9) (insurance); Bylaws at Article IV, Sec. 3(i) (insurance), Article VI, Sec. 1 and 5 (insurance), Section 7(b) (maintenance)
Mechanical and Equipment Rooms in the buildings	Common Elements	Association	Association	Declaration 1.4 (description), 2.15(a) (insurance); Bylaws at Article VI, Section 1 and 5 (insurance), Section 7(b) (maintenance)