

**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).

<b>PRODUCER</b> THE MAHONEY GROUP - PHOENIX 20333 N. 19th Ave Ste 200 Phoenix, AZ 85027 LeAnn Brum	Phone: 623-215-1300 Fax: 623-215-1333	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):													
	<b>INSURED</b> Scottsdale Shadows Regime I 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 &amp; 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 :
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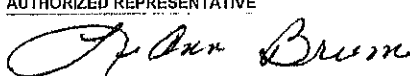
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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.

INSTR	TYPE OF INSURANCE	ADDL INSR	SUBR 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
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	AUTOMOBILE LIABILITY			DZJ80979779	07/01/18	07/01/19	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		SUO00032271991-8583	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 STATU-TORY LIMITS	OTH-ER
	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	42,500Ded	4,250,000
C	Director & Officer			0251382541	07/01/18	07/01/19	2,500 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. Bldg Ordinance/Law included. 66 units.

**CERTIFICATE HOLDER****CANCELLATION**

<b>For Information Only</b>  INFO--1	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 I, INC. RESPONSIBILITY MATRIX 10/15**

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, and numbered parking stalls (treated as units)	UNIT	UNIT OWNER	ASSOCIATION	Declaration at 1.4 (balcony), 1.5 (unit boundaries), 1.7 (numbered parking stalls) 2.2 (maintenance), 2.13(a) (insurance), 2.13(f) (insurance); Bylaws at Art. VII, Sec. 1 (insurance), 4 (insurance), 5(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 2.2 (maintenance), 2.13(a) (insurance), 2.13(f) (insurance); Bylaws at Art. VII, Sec. 1 (insurance), 5(b) (maintenance)
Floor covering (carpeting or other approved covering)	UNIT	UNIT OWNER	ASSOCIATION	Declaration at 2.19 (maintenance), 2.13(a) (insurance), 2.13(f) (insurance); Bylaws at Art. VII, Sec. 1 and 4 (insurance), 5(b) (maintenance)
Finished interior walls, floors and ceilings of patio and balcony	UNIT	UNIT OWNER	ASSOCIATION	Declaration at 1.4 (balcony), 2.13(a) (insurance), 2.13(f) (insurance); Bylaws at Art. VII, Sec. 1 and 4 (insurance), 5(a) and (b) (maintenance)

**SCOTTSDALE SHADOWS I, INC. RESPONSIBILITY MATRIX 10/15**

Lath, furring, wallboard, plasterboard, plaster, paneling, tiles, wallpaper, paint, finished flooring & any other material on the finished surfaces of the walls or floors	UNIT	UNIT OWNER	ASSOCIATION	Declaration at 2.2 (maintenance), 2.13(a) (insurance), 2.13(f) (insurance); Bylaws at Art. VII, Sec. 1 (insurance), 5(b) (maintenance); ARS § 33-1202, ARS § 33-1212
Additions, alterations or improvements to the Unit	UNIT	UNIT OWNER	ASSOCIATION; UNIT OWNER IF DESIRED	Declaration at 2.2 (maintenance), 2.13(a) (insurance), 2.13(f) (insurance); Bylaws at Art. VII, Sec. 1 (insurance), 5(b) (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 1.10, 2.13(a) (insurance); Bylaws at Art. V, Sec. 3(a) (maintenance), Sec. 3(g) (insurance), Art. VII, Sec. 1 and 4 (insurance); ARS § 33-1202, ARS § 33-1212
Mechanical and Equipment Rooms in the buildings	COMMON ELEMENTS	ASSOCIATION	ASSOCIATION	Declaration at 2.22 (maintenance), 2.13(a) (insurance); Bylaws at Art. V, Sec. 3(a) (maintenance), Sec. 3(g) (insurance), Art. VII, Sec. 1 and 4 (insurance); ARS § 33-1202, ARS § 33-1212