SUNLA-8 OP ID: JS

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/17/2020

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<br>LaBarre/Oksnee Insurance MD<br>License # 0C84283<br>30 Enterprise #180<br>Aliso Viejo, CA 92656<br>Mike DiNino<br>800-698-0711 | CONTACT NAME: LaBarre/Oksnee Insurance<br>PHONE (A/C, No, Ext): 800-698-0711 FAX (A/C, No):<br>E-MAIL ADDRESS: |

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Harco National Ins Co | 26433 |
| INSURER B : Firemans Fund Insurance Co. | 21873 |
| INSURER C : Philadelphia Indemnity Ins. Co | 18058 |
| INSURER D : PMA Insurance Group | 12262 |
| INSURER E : | |
| INSURER F : | |

INSURED
Sunland Village East Garden
Condos Phase 3 OA
Cornerstone Properties, Inc.
P.O. Box 62073
Phoenix, AZ 85082

**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 | | RDN0005035-01 | 04/10/2020 | 04/10/2021 | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 100,000 |
| C | X D&O $1,000,000 | | | PCAP021022-0219 | 04/10/2020 | 04/10/2021 | MED EXP (Any one person) | $ 5,000 |
| | $1,000 Deductible | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ 2,000,000 |
| | X POLICY PRO-JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | $ 2,000,000 |
| | OTHER: | | | | | | | $ |
| A | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ 1,000,000 |
| | ANY AUTO | | | RDN0005035-01 | 04/10/2020 | 04/10/2021 | BODILY INJURY (Per person) | $ |
| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| B | X UMBRELLA LIAB X OCCUR | | | | | | EACH OCCURRENCE | $ 3,000,000 |
| | EXCESS LIAB CLAIMS-MADE | | | SUO00032415325-38067-2 | 04/10/2020 | 04/10/2021 | AGGREGATE | $ 3,000,000 |
| | DED RETENTION $ | | | | | | | $ |
| D | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | X PER STATUTE OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N | N / A | | 2020017634504Y | 04/10/2020 | 04/10/2021 | 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 | Blanket Property* | | | RDN0005035-01 | 04/10/2020 | 04/10/2021 | see notes | 45,798,771 |
| C | Fidelity Bond | X | | 4120017634504Y | 04/10/2020 | 04/10/2021 | 10k Ded | 1,000,000 |

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

The association has 273 units. Property Coverage is All-In (includes improvements) and includes *Guaranteed Replacement Cost, Special Form. Bldg Ord/Law (A,B,C), Wind, Hail, Separation of Insured, 30 days NOC, BMAC.
***Deductible is $25,000 for water and $5,000 for all other perils***
Located in Mesa AZ 85209.

**CERTIFICATE HOLDER**

CORNEST

Cornerstone Properties, Inc
P.O. Box 62073
Phoenix, AZ 85082

**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
Mike DiNino


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