



Regulatory Office:
505 Eagleview Blvd. Suite 100
Dept.: Regulatory
Exton, PA 19341-1120
800-688-1840

COMPANY PROVIDING COVERAGE:
Greenwich Insurance Company

Commercial Excess/Umbrella Liability Certificate Holder Declarations

(If coverage listed in the schedule of underlying insurance of this policy applies on a claims-made basis, then this policy shall apply claims-made subject to the retroactive date stated in Item 5 of this declarations page.)

Certificate Number: PPP7473770
This Certificate Forms a Part of Master Policy Number: PPP744000012
Renewal of Certificate Number: PPP7473770
Renewal of Master Policy Number: PPP744000011

1. **Certificate Holder** Mirage Heights Condominiums Homeowners Association, Inc

Address: c/o METRO PROPERTY SERVICES
150 E ALAMO DRIVE SUITE 3

City/State/Zip: CHANDLER, AZ 85225

Certificate Holder is: ☐ Individual ☐ Partnership ☒ Corporation ☐ Joint Venture

Other (describe) _____

2. **Certificate Period:**

From: 06/23/2025 To: 06/23/2026
12:01 A.M. standard time at your mailing address shown above.

3. **Certificate Premium:** \$ \$1888.00

3a. **Certificate Premium For Certified Acts of Terrorism:** Included In Certificate Premium Above

3b. **Surcharge:** \$ _____

4. **Limits of Insurance:**

(a) Each **Occurrence** \$ 5,000,000
(b) **Products Completed Work Hazard**
Aggregate (Where applicable) \$ 5,000,000
(c) General Aggregate \$ 5,000,000
(d) Self-Insured Retention or Retained Limit \$ 0 Occurrence

5. **Retroactive Date Where applicable:**

As per Schedule of Underlying Insurance (applicable to **Claims Made** Coverages)



Regulatory Office:
505 Eagleview Blvd. Suite 100
Dept.: Regulatory
Exton, PA 19341-1120
800-688-1840

COMPANY PROVIDING COVERAGE:
Greenwich Insurance Company

Commercial Excess Follow Form And Umbrella Liability Policy Certificate Holder Schedule Of Underlying Insurance

Effective Date Of This Schedule: 06/23/2025		Attached To And Forming Part Of Certificate Number: PPP7473770	
UNDERLYING INSURER	TYPE OF COVERAGE	LIMITS OF LIABILITY	
a. Name: Hartford Underwriters Insurance Company Policy Number: 34SBAAF7R43 Term: 06/23/2025 to 06/23/2026	Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occurrence	\$ 2,000,000 each Occurrence \$ 4,000,000 General Aggregate (Other than Products Completed Operations) \$ 4,000,000 Product Completed Operations Aggregate \$ 2,000,000 Personal and Advertising Injury	
b. Name: Hartford Underwriters Insurance Company Policy Number: 34SBAAF7R43 Term: 06/23/2025 to 06/23/2026	Automobile Liability	2,000,000 Combined Single Limit HNOA ONLY	
c. Name: Excluded Policy Number: Term:	Employers' Liability	Coverage B – Employers' Liability Bodily Injury by Accident \$ _____ each Accident Disease Bodily Injury by Disease \$ _____ each Policy Bodily Injury by Disease \$ _____ each Employee	
d. Name: Travelers Policy Number: 107264493 Term: 06/23/2025 to 06/23/2026	Directors & Officers Liability <input checked="" type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence	\$ 1,000,000 each Occurrence \$ 1,000,000 Aggregate	

UNDERLYING INSURER	TYPE OF COVERAGE	LIMITS OF LIABILITY
e. Name: Excluded Policy Number: Term: to	Stop Gap Employers' Liability	Bodily Injury by Accident \$ _____ each Accident Disease Bodily Injury by Disease \$ _____ Each Policy Bodily Injury by Disease \$ _____ each Employee
f. Name: Excluded Policy Number: Term: To	Garage Keepers Legal Liability	\$ _____ Each Occurrence
g. Name: Excluded Policy Number: Term:	Liquor Liability	\$ _____ Each Common Cause \$ _____ Aggregate Limit \$ _____ Each Occurrence
h. Name: Policy Number: Term: To	Box H <input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence	\$ _____ \$ _____ \$ _____

FORMS SCHEDULE

POLICY NUMBER: PPP7473770
POLICY PERIOD: 6/23/2025 to 6/23/2026
NAMED INSURED: Mirage Heights Condominiums Homeowners Association, Inc

Name	Description
CoverPage	COVER PAGE
PN CW 05 0525	NOTICE TO POLICYHOLDERS U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC")
PN CW 01 0123	NOTICE TO POLICYHOLDERS FRAUD NOTICE
PN CW 02 0119	NOTICE TO POLICYHOLDERS PRIVACY POLICY
PN 161 12 20 T	POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE
PN 104 12 20 T	POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE
GXJU 408 0913	PURCHASING GROUP CONVERSION ENDORSEMENT
IL MP 9104 AZ 0124 GIC	IN WITNESS - GREENWICH INSURANCE COMPANY (ARIZONA)
GXJU 000 0119	COMMERCIAL EXCESS/UMBRELLA LIABILITY CERTIFICATE HOLDER DECLARATIONS
GXJU 300 0119	COMMERCIAL EXCESS FOLLOW FORM AND UMBRELLA LIABILITY POLICY CERTIFICATE HOLDER SCHEDULE OF UNDERLYING INSURANCE
XAI 300 10 06	FORMS SCHEDULE
CU 0001 09 10	COMMERCIAL EXCESS/UMBRELLA LIABILITY COVERAGE
CU 0730 09 10	EXCLUSION -- UMBRELLA LIABILITY COVERAGE U
CU 0103 06 17	AMENDATORY ENDORSEMENT ARIZONA
GXJU 301 0913	CERTIFICATE HOLDER AND LOCATIONS
GXJU 400 0721	CLAIM REPORTING PROVISIONS COVERAGES E AND U
GXJU 401 0913	COVERAGE X -- DISASTER EVENT RESPONSE EXPENSE
GXJU 404 0913	EMPLOYMENT PRACTICES LIABILITY FOLLOW FORM COVERAGE E
GXJU 600 0913	EXCLUSION -- CONTAMINATED DRYWALL COVERAGES E AND U
XSU 601 0724	ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL MATERIAL OR INFORMATION EXCLUSION
XSU 602 0724	CYBER INCIDENT EXCLUSION (COVERAGES E AND U)
XSU 603 0724	VIOLATION OF LAW ADDRESSING DATA PRIVACY EXCLUSION (COVERAGES E AND U)
GXJU 605 0913	EXCLUSION -- EARTH MOVEMENT COVERAGES E AND U
GXJU 606 0913	EXCLUSION -- ERRORS AND OMISSIONS LIABILITY COVERAGE E
GXJU 609 0913	EXCLUSION -- TOTAL POLLUTION WITH CERTAIN EXCEPTIONS COVERAGE E
CU 0702 09 10	EXCLUSION -- FUNGUS OR RELATED PERILS COVERAGES E AND U
CU 1301 01 15	CERTIFIED TERRORISM LOSS
GXJU 613 0913	CONSTRUCTION AND PRODUCT EXCLUSION -INCLUDING CONSTRUCTION DEFECTS WITH LIMITED EXCEPTION
CU 0728 09 10	EXCLUSION -- COMMUNICABLE DISEASE COVERAGES E AND U
CU 0735 09 10	EXCLUSION -- PROPERTY IN YOUR CUSTODY COVERAGES E AND U
CU 0705 09 10	EXCLUSION --EXTERIOR INSULATION AND FINISH SYSTEMS E AND U
CU 1010 09 10	AMENDED DEFINITION NEW ENTITIES ARE NOT INSURED COVERAGES E AND U

GXJU 409 0614

AMENDED DEFINITION PERSONAL AND ADVERTISING INJURY
COVERAGES E AND U



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

06-23-2025

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.

PRODUCER BICKNELL INSURANCE INC 4239 CENTERPLACE CR UNIT 2A GREELEY CO 80634	CONTACT NAME: TERRY DANIELSON		
	PHONE (A/C, No, Ext): 970-214-0173 970-395-2425	FAX (A/C, No):	
	E-MAIL ADDRESS: tdanielson@danielsonagencyllc.com		
	PRODUCER CUSTOMER ID:		
INSURED MIRAGE HEIGHTS CONDOMINIUMS HOMEOWNERS ASSOCIATION INC 150 E ALAMO DR SUITE #3 CHANDLER AZ 85225	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : THE HARTFORD		
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

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

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RESIDENTIAL CONDOMINIUM HOA THAT INCLUDES NINE 4 UNIT BUILDINGS AND EIGHT 2 UNIT BUILDINGS FOR A TOTAL OF 52 UNITS. EACH BUILDING HAS A \$25,000 DEDUCTIBLE.

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		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY		34SBAAF7R43	06-23-2025	06-23-2026	<input checked="" type="checkbox"/> BUILDING	\$ 19,929,900
	CAUSES OF LOSS	DEDUCTIBLES				<input type="checkbox"/> PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC	BUILDING				<input type="checkbox"/> BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD	\$25,000				<input type="checkbox"/> EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL	CONTENTS				<input type="checkbox"/> RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE					<input type="checkbox"/> BLANKET BUILDING	\$
	<input checked="" type="checkbox"/> WIND	\$25,000				<input type="checkbox"/> BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD					<input type="checkbox"/> BLANKET BLDG & PP	\$
						<input checked="" type="checkbox"/> BUSINESS LIABILITY	\$ 1,000,000/4,000,000
						<input checked="" type="checkbox"/> EMPLOYEE DISHC	\$ 500,000
	<input type="checkbox"/> INLAND MARINE		TYPE OF POLICY				\$
	CAUSES OF LOSS		POLICY NUMBER				\$
	<input type="checkbox"/> NAMED PERILS						\$
							\$
	<input type="checkbox"/> CRIME						\$
	TYPE OF POLICY						\$
							\$
							\$
A	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN		34SBAAF7R43	06-23-2025	06-23-2026	<input checked="" type="checkbox"/> EQUIPMENT BREAKDOWN	\$ INCLUDED
							\$
							\$
							\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**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

TERRY DANIELSON

**Community Association Management Liability Coverage
Declarations****POLICY NO. 107264493**

Travelers Casualty and Surety Company of America
Hartford, Connecticut
(A stock Insurance Company, herein called the Company)

THE COMMUNITY ASSOCIATION MANAGEMENT LIABILITY COVERAGE POLICY IS WRITTEN ON A CLAIMS-MADE AND REPORTED BASIS. THE COMMUNITY ASSOCIATION MANAGEMENT LIABILITY COVERAGE POLICY COVERS ONLY CLAIMS FIRST MADE AGAINST INSURED DURING THE POLICY PERIOD AND REPORTED TO THE COMPANY IN ACCORDANCE WITH THE TERMS OF THE COMMUNITY ASSOCIATION MANAGEMENT LIABILITY COVERAGE POLICY. THE LIMIT OF LIABILITY AVAILABLE TO PAY SETTLEMENTS OR JUDGMENTS WILL BE REDUCED BY DEFENSE EXPENSES, AND DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION.

MT INSURED: THE LIMIT OF LIABILITY AVAILABLE TO PAY SETTLEMENTS OR JUDGMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY DEFENSE EXPENSES, AND DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION.

ITEM 1 NAMED INSURED:**MIRAGE HEIGHTS CONDOMINIUMS HOMEOWNERS ASSOCIATION, INC**

D/B/A:

Principal Address:

**4135 S Power Rd Ste 133
C/O Focus HOA Management
MESA, AZ 85212**

ITEM 2 POLICY PERIOD:Inception Date: **June 23, 2025**Expiration Date: **June 23, 2026**

12:01 A.M. standard time both dates at the Principal Address stated in ITEM 1.

ITEM 3 ALL NOTICES OF CLAIM OR LOSS MUST BE SENT TO THE COMPANY BY EMAIL, FACSIMILE, OR MAIL AS SET FORTH BELOW:**Email: BSIclaims@travelers.com****Fax: 1-888-460-6622****Mail: Travelers Bond & Specialty Insurance Claim****P.O. Box 2989****Hartford, CT 06104-2989****Overnight Mail: Travelers Bond & Specialty Insurance Claim****One Tower Square, MN06****Hartford, CT 06183****For questions related to claim reporting or handling, please call 1-800-842-8496.**

ITEM 4 COVERAGE INCLUDED AS OF THE INCEPTION DATE IN ITEM 2:

Community Association Management Liability Coverage

ITEM 5 Only those coverage features marked "☒ Applicable" are included in this policy.

COMMUNITY ASSOCIATION MANAGEMENT LIABILITY COVERAGE

Limit of Liability:	\$1,000,000	for all Claims
Additional Defense Coverage:	<input type="checkbox"/> Applicable	<input checked="" type="checkbox"/> Not Applicable
Additional Defense Limit of Liability:	Not Covered	for all Claims
Retention:	\$0	for each Directors and Officers Claim under Insuring Agreement A
	\$1,000	for each Directors and Officers Claim under Insuring Agreement B
	\$1,000	for each Directors and Officers Claim under Insuring Agreement C
	\$1,000	for each Employment Claim under Insuring Agreement D
Prior and Pending Proceeding Date:	June 23, 2020	
Continuity Date:	June 23, 2020	

ITEM 6 PREMIUM FOR THE POLICY PERIOD:

\$2,608.00	Policy Premium
N/A	Annual Installment Premium

ITEM 7 TYPE OF CLAIM DEFENSE:

Duty-to-Defend

ITEM 8 EXTENDED REPORTING PERIOD:

Additional Premium Percentage: **75%**

Additional Months: **12**

(If exercised in accordance with section **V. CONDITIONS, Q. EXTENDED REPORTING PERIOD** of the Community Association Management Liability Coverage Policy)

ITEM 9 RUN-OFF EXTENDED REPORTING PERIOD:

Additional Premium Percentage: **120%**

Additional Months: 12

(If exercised in accordance with section **V. CONDITIONS, N. CHANGE OF CONTROL** of the Community Association Management Liability Coverage Policy)

ITEM 10 ANNUAL REINSTATEMENT OF THE LIMIT OF LIABILITY:

☐ Applicable

☒ Not Applicable

Only those coverage features marked "☒ Applicable" are included in this policy.

ITEM 11 FORMS AND ENDORSEMENTS ATTACHED AT ISSUANCE:

**AFE-19009-0816; AFE-19029-0719; AFE-19030-0920; CAM-16001-0113; CAM-19061-0315;
CAM-19066-0320; CAM-19004-0113; CAM-17003-0113**

PRODUCER INFORMATION:

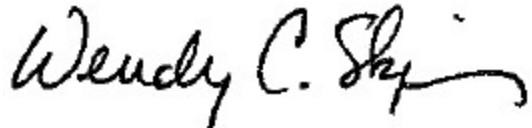
**AFFORDABLE AMERICAN INS
11080 CIRCLEPOINT RD STE 190
WESTMINSTER, CO 80020**

Countersigned By

IN WITNESS WHEREOF, the Company has caused this policy to be signed by its authorized officers.



President



Corporate Secretary