



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

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:

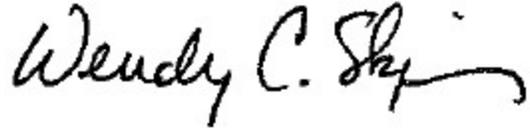
**AFFORDABLE AMERICAN INS
11080 CIRCLEPOINT RD STE 190
WESTMINSTER, CO 80020**

Countersigned By

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



President



Corporate Secretary