



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
01/03/2022

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.

<b>PRODUCER</b> Mike Bengson 15444 N Greenway Hayden Loop Ste 201E Scottsdale, AZ 85260-1235		<b>CONTACT NAME:</b> Mike Bengson <b>PHONE (A/C. No. Ext):</b> (480) 951-8100 <b>FAX (A/C. No):</b> (480) 951-8304 <b>E-MAIL ADDRESS:</b> mike.bengson.bz1x@statefarm.com <b>PRODUCER CUSTOMER ID:</b>															
<b>INSURED</b> Resort Park Association Inc 7667 E Northland Dr Scottsdale, AZ 85251-1571		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : State Farm Fire and Casualty Company</td> <td>25143</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></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 : State Farm Fire and Casualty Company	25143	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
REFER TO ACORD 101.

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
<input checked="checked" type="checkbox"/>	<b>PROPERTY</b>					<input checked="checked" type="checkbox"/> BUILDING	\$ \$595,700
	CAUSES OF LOSS	DEDUCTIBLES	93-02-1243-9	12/07/2021	12/07/2022		\$
	BASIC	BUILDING					
	BROAD	\$2,000					
<input checked="checked" type="checkbox"/>	SPECIAL	CONTENTS					
	EARTHQUAKE						
	WIND						
	FLOOD						
<input type="checkbox"/>	<b>INLAND MARINE</b>		TYPE OF POLICY				\$
	CAUSES OF LOSS						\$
	NAMED PERILS		POLICY NUMBER				\$
							\$
<input type="checkbox"/>	<b>CRIME</b>						\$
	TYPE OF POLICY						\$
<input checked="checked" type="checkbox"/>	<b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>						\$
							\$
							\$

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

<b>CERTIFICATE HOLDER</b>		<b>CANCELLATION</b>	
RESORT PARK ASSOCIATION INC 7667 E NORTHLAND DR SCOTTSDALE, AZ 85251		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	
		IF SIGNATURE IS REQUIRED, PLEASE CONTACT AGENT.	



## ADDITIONAL REMARKS SCHEDULE

<b>AGENCY</b> Mike Bengson		<b>NAMED INSURED</b> Resort Park Association Inc	
<b>POLICY NUMBER</b> 93-02-1243-9		<b>EFFECTIVE DATE:</b> 12/07/2021	
<b>CARRIER</b> State Farm Fire and Casualty Company	<b>NAIC CODE</b> 25143		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 24      **FORM TITLE:** Certificate of Property Insurance

**Unit Owner:**

RESORT PARK ASSOCIATION INC - 7667 E NORTHLAND DR - SCOTTSDALE, - AZ - 85251 - Unit Loan Number:0 - Number Of Units: 0144

**Association Type:** Residential Community Association Policy

**Forms, Options and Endorsements:**

CMP-4100	Businessowners Coverage Form
CMP-4203.2	Amendatory Endorsement
CMP-4862	Building Ordinance Or Law Cov
CMP-4710	Emp Dishonesty \$25,000
CMP-4705.2	Loss of Income & Extra Expense
CMP-4573	Policy Endorsement

**Forms, Options and Endorsements:**

CMP-4814	Dir & Officers \$2,000,000
FE-6999.3	Terrorism Insurance Cov Notice
CMP-4550	Residential Community Assoc
CMP-4508	Money and Securities
FE-3650	Actual Cash Value Endorsement

**Coverages:**

Business Liability	\$2,000,000
Medical Payments	\$5,000
Products-Completed Operations	\$4,000,000
General Aggregate	\$4,000,000

**Coverage**

Unless otherwise endorsed, this policy provides replacement cost coverage on described property and common areas detailed within the Association bylaws including the following types of property within a unit, regardless of ownership:

1. Fixtures, improvements and alterations that are a part of the building or structure; and
2. Appliances such as those used for refrigerating, ventilating, cooking, dishwashing, laundering, security or housekeeping.

Replacement cost coverage is subject to the terms and conditions of the policy and any endorsements.

Coverage under this policy may have been modified to provide actual cash value coverage rather than replacement cost coverage, or to remove specified property from coverage, if any endorsement containing in its title "ACV" or "Actual Cash Value," or "Additional Property Not Covered" is identified on this Certificate of Insurance.

Endorsements: FE-3650, FE-3653, FE-3658, and FE-3659 (Actual Cash Value) - These endorsements describe what the term "actual cash value" means where used in the policy. **However, these endorsements do not change any replacement cost coverage provided by the policy.**

This policy provides coverage on a standalone/individual condominium association.

**Commercial General Liability**

State Farm refers to this coverage as Business Liability Coverage. Coverage amount shown is Per Occurrence.

**Loss of Rents, Loss of Income and Extra Expense**

If this coverage is shown, limits are "Actual Loss Sustained". Contact the agent to confirm the number of day's coverage.