



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/3/2019

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**

Russo and Associates Services Inc.

5777 South Rural Road

Suite 6

Tempe

AZ 85283

CONTACT NAME: CERTIFICATE REQUEST TEAM

PHONE (A/C, No, Ext): (480) 756-6671

FAX (A/C, No): (480) 756-0489

E-MAIL ADDRESS: TEMPEOFFICE@BRINSURED.COM

**INSURER(S) AFFORDING COVERAGE**

NAIC #

INSURER A: PHILADELPHIA INS CO

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

**INSURED**

CHATEAU DE VIE VI

C/O RED MOUNTAIN MANAGEMENT

PO BOX 30730

MESA

AZ 85275

**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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: DIRECTORS AND OFFICE			PHPK1976106	04/30/2019	04/30/2020	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 D&O LIMIT \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			PHPK1976106	04/30/2019	04/30/2020	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<input type="checkbox"/> BLANKET PROPERTY COVERAGE			PHPK1976106	04/30/2019	04/30/2020	BLANKET LIMIT \$20,414,368 DEDUCTIBLE \$10,000

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

126 UNITS - BARE-WALLS COVERAGE ONLY  
100% REPLACEMENT COST - INFLATION GUARD INCL  
CRIME/FIDELITY COVERAGE \$250,000 - BOARD, VOLUNTEERS, AND MANAGER INCLUDED  
10 DAY NOTICE OF CANCELLATION INCL - SEVERABILITY OF INTEREST INCL  
RED MOUNTAIN PROPERTY MANAGEMENT NAMED AS ADDITIONAL INSURED  
ORDINANCE AND LAW INCL

**CERTIFICATE HOLDER****CANCELLATION**

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FOR INFORMATION  
PURPOSE ONLY

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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

Barry Keime

Russo & Associates Services, Inc.  
*Serving Arizona Since 1984*

May 3, 2019

RE: **Chateau De Vie VI HOA**  
Unit Owner Insurance

Dear Unit Owners:

This letter is to inform you that Russo and Associates is now the provider of the master insurance policy for your community. We also wanted to give a summary of some of the basic coverages that are included in the master insurance policy and provide some recommendations for your personal insurance.

Coverage provided by the HOA - Master

- This policy provides coverage on a bare-walls basis.
- Liability in the common areas only.
- Red Mountain Management must be notified prior to the opening of any claim.
- **This policy has a \$10,000 per occurrence deductible.**

Recommended coverage for each unit owner: - HO-6

- All personal property including appliances.
- Dwelling Coverage for damage that falls under the \$10,000 master deductible and for all fixtures, floor and wall coverings, betterments or improvements, and cabinetry.
- Loss assessment coverage equal to or greater than the master policy deductible (currently set at \$10,000)
- Liability coverage inside your unit
- Loss of use/Loss of rents
- Water/Sewer Backup
- All limits and other coverage determined by your personal insurance agent.

If you have any questions related to this letter or the insurance provided by the master policy, please feel free to contact our office at 480-756-6671.