

# EVIDENCE OF PROPERTY INSURANCE

American Family Insurance Company ☐  
American Family Mutual Insurance Company, S.I. if selection box is not  
checked. 6000 American Pkwy Madison, Wisconsin 53783-0001

Agent's Name, Address and Phone Number (Agt./Dist.)

Kevin Gillan Agency INC  
4910 E ELLIOT RD STE 100  
PHOENIX, AZ 85044  
(480) 491-2736  
(134/413)

Insured's Name and Address:

Olivas Portfolio LLC  
2408 W Branham Ln  
Phoenix, AZ 85041-7604

This is evidence that the company indicated has the following insurance in force and conveys all the rights and privileges afforded under the policy.

This certificate does not amend, extend or alter the coverage afforded by the policies listed below.

POLICY NUMBER C010560293	
EFFECTIVE DATE (MM/DD/YYYY) 04/17/2023	EXPIRATION DATE (MM/DD/YYYY) 04/17/2024

PROPERTY INFORMATION	
PROPERTY LOCATION 315 W BUIST AVE PHOENIX, AZ 85041-9006	PROPERTY DESCRIPTION (For Business Insurance Only, indicate # of Stories, Construction, Use or Occupancy, Equipment Description/Serial #)

COVERAGES			
Personal Lines - Property		Farm/Ranch Lines	
Policy Type		Policy Type	
<input type="checkbox"/> HO 1	<input type="checkbox"/> HO 5/GS	<input type="checkbox"/> FR 02	<input type="checkbox"/> FR MH 01 (GA)
<input type="checkbox"/> HO 2	<input type="checkbox"/> HO 6	<input type="checkbox"/> FR 03	<input type="checkbox"/> FR MH 03
<input type="checkbox"/> HO 3	<input type="checkbox"/> CV 1	<input type="checkbox"/> FR 04	
<input type="checkbox"/> HO 4	<input type="checkbox"/> CV 3	<input type="checkbox"/> FR 05	
Amount of Insurance		Amount of Insurance	
Cov. A Dwelling \$		Cov. A Dwelling \$	
Cov. B Pers. Property \$		Cov. B Pers. Property \$	
Cov. B Other Struct. (Fire & E.C.) \$		Sec. III Pers. Prop. Blanket \$	
Cov. C Pers. Prop (Fire & E.C.) \$		Sec. III Schedule \$	
Boatowners - Sect. 1 \$		Sec. IV Outbldgs. \$	
Other \$		Other \$	
Deductible \$		Deductible Sec. I \$	
		Deductible Sec. III \$	
		Deductible Sec. IV \$	
		Deductible-Bldg. \$	
		Deductible-Bus. Pers. Prop. \$	
		Deductible \$2,500	

REMARKS (Including Special Conditions/Endorsements)
Annual Premium: \$1,097.77 General Liability per Occurrence/Aggregate: \$1,000,000/\$2,000,000 Medical Expense: \$1,000

EFFECTIVE DATE/RENEWAL OF COVERAGE/CANCELLATION
<b>EFFECTIVE DATE</b> - Date additional interest is added. <b>RENEWAL OF COVERAGE / CANCELLATION</b> - This policy may be continued for successive policy periods by payment of the required premium on or before the effective date of each renewal period. If this policy is terminated, the company will give the additional interest identified below written notice. The delivery of this notice shall be subject to the laws of the state where this policy is issued. We will provide the insurance described in this policy in return for your premium payment and compliance with policy provisions. * The Expiration Date is changed to read "UNTIL CANCELLED".

ADDITIONAL INTEREST NAME AND ADDRESS	NATURE OF INTEREST
Amber Doc LLC 7401 E Minnezona Ave Scottsdale, AZ 85251	LOAN NUMBER TBD <input checked="" type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee <input type="checkbox"/> DATE ISSUED 03/20/2023 AUTHORIZED REPRESENTATIVE Kevin Gillan

TO AGENT: It is very important that you mail a copy to American Family on the day issued, along with the application.



6000 American Parkway  
Madison, WI 53783

For customer service and claims service,  
24 hours a day, 7 days a week  
**1-800-MY AMFAM (1-800-692-6326)**  
[amfam.com](http://amfam.com)

## PAYMENT RECEIPT

Olivas Portfolio LLC  
2408 W Branham Ln  
Phoenix, AZ 85041-7604

Premium Amount	Payment Amount	Policy Number	Effective Date	Expiration Date
\$1,097.77	\$0.00	C010560293	4/17/2023	4/17/2024

Balance Due: \$1,097.77

Payment Date: 4/12/2023

When you provide a check for payment to American Family Insurance, you authorize us to either use information from your check to make a one-time electronic deduction (ACH debit entry) from your bank account or process the payment as a check transaction.

Thanks for your business! We're here to serve you....

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PHOENIX, AZ 85044  
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[kgillan@amfam.com](mailto:kgillan@amfam.com)

American Family Mutual Insurance Company  
American Standard Insurance Company Of Wisconsin  
American Family Insurance Company  
American Standard Insurance Company Of Ohio