

# 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.)

Michael Paul Barker  
512 E WHITEHSE CYN RD STE 130  
GREEN VALLEY, AZ 85614  
(520) 625-2166  
(150/408)

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.

Insured's Name and Address:

Green Valley Villas West Condominium Association  
460 S Paseo Quinta  
Green Valley, AZ 85614

POLICY NUMBER <b>02XE-53780-01</b>	
EFFECTIVE DATE (MM/DD/YYYY) <b>06/07/2021</b>	EXPIRATION DATE (MM/DD/YYYY) <b>06/07/2022</b>

PROPERTY INFORMATION	
PROPERTY LOCATION <b>360 S Paseo Pena Apt A</b> <b>Green Valley, AZ 85614</b>	PROPERTY DESCRIPTION (For Business Insurance Only, indicate # of Stories, Construction, Use or Occupancy, Equipment Description/Serial #) <b>Condominium Master Blanket Policy, 188 Residential Buildings, 672 Single Story Duplex and Quad Units</b>

COVERAGES							
Personal Lines - Property		Farm/Ranch Lines		Business Insurance			
Policy Type		Policy Type		Policy Type	Form		
<input type="checkbox"/> HO 1	<input type="checkbox"/> HO 5/GS	<input type="checkbox"/> MH 1	<input type="checkbox"/> DP 01	<input type="checkbox"/> FR 02	<input type="checkbox"/> FR MH 01 (GA)	<input checked="" type="checkbox"/> Businessowners	<input type="checkbox"/> Named Peril
<input type="checkbox"/> HO 2	<input type="checkbox"/> HO 6	<input type="checkbox"/> MH 3	<input type="checkbox"/> DP 02	<input type="checkbox"/> FR 03	<input type="checkbox"/> FR MH 03	<input type="checkbox"/> Business Key	<input type="checkbox"/> Basic
<input type="checkbox"/> HO 3	<input type="checkbox"/> CV 1	<input type="checkbox"/> MHGS	<input type="checkbox"/> BO	<input type="checkbox"/> FR 04		<input type="checkbox"/> Property	<input type="checkbox"/> Broad
<input type="checkbox"/> HO 4	<input type="checkbox"/> CV 3			<input type="checkbox"/> FR 05		<input type="checkbox"/> Inland Marine	<input type="checkbox"/> Special
Amount of Insurance		Amount of Insurance		Amount of Insurance			
Cov. A Dwelling	\$ _____	Cov. A Dwelling	\$ _____	Building	\$ <b>39,720,000</b>		
Cov. B Pers. Property	\$ _____	Cov. B Pers. Property	\$ _____	Bus. Pers. Property	\$ _____		
Cov. B Other Struct. (Fire & E.C.)	\$ _____	Sec. III Pers. Prop. Blanket	\$ _____	Other <u>Liability Per Occ.</u>	\$ <b>2,000,000</b>		
Cov. C Pers. Prop (Fire & E.C.)	\$ _____	Sec. III Schedule	\$ _____				
Boatowners - Sect. 1	\$ _____	Sec. IV Outbldgs.	\$ _____				
Other	\$ _____	Other	\$ _____				
Deductible	\$ _____	Deductible Sec. I	\$ _____	Deductible-Bldg.	\$ <b>5,000</b>		
		Deductible Sec. III	\$ _____	Deductible-Bus. Pers. Prop.	\$ _____		
		Deductible Sec. IV	\$ _____	Deductible <u>Wind/Hail</u>	\$ <b>5000</b>		

REMARKS (Including Special Conditions/Endorsements)
672 Units, 188 Buildings, Replacement Cost \$39,720,000 Aggregate Liability \$4,000,000 Fidelity Coverage \$1,000,000 Ordinance of Law Coverage with Endorsement \$300,000

**EFFECTIVE DATE/RENEWAL OF COVERAGE/CANCELLATION**

**EFFECTIVE DATE** - Date additional interest is added.

**RENEWAL OF COVERAGE / CANCELLATION** -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	
	LOAN NUMBER	
	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee <input type="checkbox"/>	
	DATE ISSUED <b>12/21/2021</b>	AUTHORIZED REPRESENTATIVE <b>Kelly O'Connor</b>
	<b>TO AGENT: It is very important that you mail a copy to American Family on the day issued, along with the application.</b>	