



QUEEBAY-01

CPETERSEN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/12/2024

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).

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| PRODUCER The Mahoney Group - Mesa 1835 South Extension Road Mesa, AZ 85210 | CONTACT NAME: Christie Petersen PHONE (A/C, No, Ext): (480) 214-2785 FAX (A/C, No): (480) 730-4929 E-MAIL ADDRESS: cpetersen@mahoneygroup.com |
| INSURER(S) AFFORDING COVERAGE | |
| NAIC # | |
| INSURER A : Philadelphia Indemnity Ins. Co 18058 | |
| INSURER B : Greenwich Insurance Company 22322 | |
| INSURER C : PHILADELPHIA INSURANCE COMPANIES 67784 | |
| INSURER D : | |
| INSURER E : | |
| INSURER F : | |

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| INSURED Queens Bay Resort Condominium Owners Association, Inc. 777 Harrah Way Lake Havasu City, AZ 86403 | |
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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 | X | | PHPK2636828 | 1/1/2024 | 1/1/2025 | EACH OCCURRENCE \$ 1,000,000 | |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 | |
| | <input checked="" type="checkbox"/> Owner's & Contractor | | | | | | MED EXP (Any one person) \$ 5,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 | |
| | OTHER: | | | | | | GENERAL AGGREGATE \$ 2,000,000 | |
| | | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 | |
| | | | | | | | \$ | |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY | X | | PHPK2636828 | 1/1/2024 | 1/1/2025 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 | |
| | <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY | | | | | | BODILY INJURY (Per person) \$ | |
| | <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY | | | | | | BODILY INJURY (Per accident) \$ | |
| | | | | | | | PROPERTY DAMAGE (Per accident) \$ | |
| | | | | | | | \$ | |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR | X | | PPP7500733 | 1/1/2024 | 1/1/2025 | EACH OCCURRENCE \$ 5,000,000 | |
| | <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | | | | AGGREGATE \$ 5,000,000 | |
| | DED <input type="checkbox"/> RETENTION \$ | | | | | | \$ | |
| | | | | | | | \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N | | | | | | E.L. EACH ACCIDENT \$ | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE \$ | |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ | |
| C | Directors & Officers | X | | PCAP0417140124 | 1/1/2024 | 1/1/2025 | Deductible \$1,000 | 1,000,000 |
| C | Crime & Fidelity | X | | PCAC0201650124 | 1/1/2024 | 1/1/2025 | Deductible \$5,000 | 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Carrier A - Policy PHPK2636828 Blanket Building Limit \$25,974,555 - 167 Units subject to \$25,000 Deductible. Water Deductible \$25,000 Per Unit. Special Form, Single Entity, Original Specifications & Design Construction, Guaranteed Replacement Cost and no Co-Insurance; Wind/Hail, Primary & Non Contributory, Severability of Interests.
 Building Ordinance or Law - Coverage A - Building Limit
 Building Ordinance or Law - Coverage B&C \$2,000,000 Each
 Business Personal Property \$250,000, Machinery & Equipment \$26,224,555 subject to \$5,000 Deductible. See attached Unit Owner Letter & Policy Endorsement PI-ULT-167

CERTIFICATE HOLDER**CANCELLATION**

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| PROOF OF COVERAGE / FOR INFORMATION ONLY | 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 |
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