



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/4/2024

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.

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|  |  |  |                        |
|--|--|--|------------------------|
| <b>PRODUCER</b>  |  | <b>CONTACT NAME:</b>                           |                        |
| The Firebird Agency<br>1333 Greenfield Road, Suite 103<br><br>Mesa AZ 85205  |  | PHONE (A/C, No, Ext): (480) 808-5521           | FAX (A/C, No):         |
|  |  | E-MAIL ADDRESS: serviceteam@fbagency.net       |                        |
|  |  | <b>INSURER(S) AFFORDING COVERAGE</b>           |                        |
|  |  | <b>INSURER A:</b> ACE FIRE UNDERWRITERS INS CO | <b>NAIC #</b><br>20702 |
| <b>INSURED</b>   |  | <b>INSURER B:</b> FEDERAL INS CO<br>20281      |                        |
| Sabino Townhouse Association dba: Sabino Vista Townhomes Association<br>c/o Copper Rose Community Management<br>6601 E. 22nd Street<br>Tucson AZ 85710 |  | <b>INSURER C:</b> AAICO (CAU)<br>334512        |                        |
|  |  | <b>INSURER D:</b>                              |                        |
|  |  | <b>INSURER E:</b>                              |                        |
|  |  | <b>INSURER F:</b>                              |                        |

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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| INSR LTR  | TYPE OF INSURANCE  | ADDL INSD | SUBR WVD | POLICY NUMBER       | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |                               |
|---|--|-----------|----------|---------------------|-------------------------|-------------------------|---|-------------------------------|
| C   | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY   | Y         | Y        | CAU531513-1         | 10/01/2024              | 10/01/2025              | EACH OCCURRENCE                           | \$ 2,000,000                  |
|   | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR   |           |          |                     |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000                  |
|   |  |           |          |                     |                         |                         | MED EXP (Any one person)                  | \$ 5,000                      |
|   |  |           |          |                     |                         |                         | PERSONAL & ADV INJURY                     | \$ 2,000,000                  |
| GEN'L AGGREGATE LIMIT APPLIES PER:  |  |           |          |                     |                         |                         | GENERAL AGGREGATE                         | \$ unlimited                  |
|   | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC   |           |          |                     |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 2,000,000                  |
|   | OTHER:   |           |          |                     |                         |                         |   | \$                            |
| C   | <b>AUTOMOBILE LIABILITY</b>  | Y         | Y        | CAU531513-1         | 10/01/2024              | 10/01/2025              | COMBINED SINGLE LIMIT (Ea accident)       | \$ 2,000,000                  |
|   | <input type="checkbox"/> ANY AUTO  |           |          |                     |                         |                         | BODILY INJURY (Per person)                | \$                            |
|   | <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY |           |          |                     |                         |                         | BODILY INJURY (Per accident)              | \$                            |
|   |  |           |          |                     |                         |                         | PROPERTY DAMAGE (Per accident)            | \$                            |
|   |  |           |          |                     |                         |                         | \$  |                               |
| B   | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR  |           |          | G74814384           | 10/01/2024              | 10/01/2025              | EACH OCCURRENCE                           | \$ 5,000,000                  |
|   | <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  |           |          |                     |                         |                         | AGGREGATE                                 | \$ 5,000,000                  |
|   | DED RETENTION \$   |           |          |                     |                         |                         | \$  |                               |
| <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                        |  |           |          |                     |                         |                         | PER STATUTE                               | OTHER                         |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) |  | Y/N       | N/A      |                     |                         |                         | E.L. EACH ACCIDENT                        | \$                            |
| If yes, describe under DESCRIPTION OF OPERATIONS below                      |  |           |          |                     |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$                            |
| A   | Directors and Officers   |           |          | ADOAZF152495232-006 | 10/01/2024              | 10/01/2025              | DO Retention                              | 1,000,000/1,000,000<br>10,000 |

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

Copper Rose Community Management is included in the policy as additional insured as required by the contract.

Coverage is provided for a clubhouse(s) and seven one-story stucco condominium buildings containing fifty-two residential units.

**CERTIFICATE HOLDER** **CANCELLATION**

|  |  |
|--|--|
| Copper Rose Community Management<br><br>6601 E. 22nd Street<br><br>Tucson AZ 85710 | 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<br><br><i>Travis Sibley</i>  |

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|  |  | <b>INSURER A:</b> ACE FIRE UNDERWRITERS INS CO |  |
|  |  | <b>INSURER B:</b>                              |  |
|  |  | <b>INSURER C:</b>                              |  |
|  |  | <b>INSURER D:</b>                              |  |
|  |  | <b>INSURER E:</b>                              |  |
|  |  | <b>INSURER F:</b>                              |  |
|  |  | <b>NAIC #</b>                                  |  |
|  |  | 20702  |  |
| <b>INSURED</b>   |  |  |  |
| Sabino Townhouse Association dba: Sabino Vista Townhomes Association |  |  |  |
| c/o Copper Rose Community Management                                 |  |  |  |
| 6601 E. 22nd Street  |  |  |  |
| Tucson AZ 85710  |  |  |  |

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| INSR LTR | TYPE OF INSURANCE  | ADDL INSD | SUBR WVD | POLICY NUMBER       | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |         |
|----------|--|-----------|----------|---------------------|-------------------------|-------------------------|---|---------|
|          | <b>COMMERCIAL GENERAL LIABILITY</b>  |           |          |                     |                         |                         | EACH OCCURRENCE                           | \$      |
|          | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR                            |           |          |                     |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$      |
|          |  |           |          |                     |                         |                         | MED EXP (Any one person)                  | \$      |
|          |  |           |          |                     |                         |                         | PERSONAL & ADV INJURY                     | \$      |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |           |          |                     |                         |                         | GENERAL AGGREGATE                         | \$      |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |                     |                         |                         | PRODUCTS - COMP/OP AGG                    | \$      |
|          | OTHER:   |           |          |                     |                         |                         |   | \$      |
|          | <b>AUTOMOBILE LIABILITY</b>  |           |          |                     |                         |                         | COMBINED SINGLE LIMIT (Ea accident)       | \$      |
|          | <input type="checkbox"/> ANY AUTO  |           |          |                     |                         |                         | BODILY INJURY (Per person)                | \$      |
|          | <input type="checkbox"/> OWNED AUTOS ONLY  |           |          |                     |                         |                         | BODILY INJURY (Per accident)              | \$      |
|          | <input type="checkbox"/> HIRED AUTOS ONLY  |           |          |                     |                         |                         | PROPERTY DAMAGE (Per accident)            | \$      |
|          | <input type="checkbox"/> SCHEDULED AUTOS   |           |          |                     |                         |                         |   | \$      |
|          | <input type="checkbox"/> NON-OWNED AUTOS ONLY  |           |          |                     |                         |                         |   | \$      |
|          | <b>UMBRELLA LIAB</b>   |           |          |                     |                         |                         | EACH OCCURRENCE                           | \$      |
|          | <input type="checkbox"/> OCCUR   |           |          |                     |                         |                         | AGGREGATE                                 | \$      |
|          | <b>EXCESS LIAB</b>   |           |          |                     |                         |                         |   | \$      |
|          | <input type="checkbox"/> CLAIMS-MADE   |           |          |                     |                         |                         |   | \$      |
|          | DED  |           |          |                     |                         |                         |   | \$      |
|          | RETENTION \$   |           |          |                     |                         |                         |   | \$      |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>   |           |          |                     |                         |                         | PER STATUTE                               | OTH-ER  |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                    |           |          |                     |                         |                         | E.L. EACH ACCIDENT                        | \$      |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          |                     |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$      |
|          |  |           |          |                     |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$      |
| A        | Crime  |           |          | ADOAZF1585490A2-005 | 10/01/2024              | 10/01/2025              | Employee Theft                            | 150,000 |
|          |  |           |          |                     |                         |                         | Theft                                     | 25,000  |
|          |  |           |          |                     |                         |                         | ROBOT                                     | 25,000  |

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Copper Rose Community Management is included in the policy as additional insured as required by the contract.

**CERTIFICATE HOLDER** **CANCELLATION**

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| Tucson AZ 85710                  | AUTHORIZED REPRESENTATIVE  |
|                                  | <i>Travis Sibley</i>   |

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