

**BUSINESSOWNERS POLICY
CONDOMINIUM CERTIFICATE OF INSURANCE**

American Family Mutual Insurance Company
American Family Insurance Company
6000 American Pkwy Madison, WI 53783-0001

Agent's Name, Address

American Family Insurance - Manny DeMiguel Agency
8124 E Cactus Rd #420
Scottsdale, AZ 85260

This Certificate of Insurance is issued as a matter of information only and confers no rights upon the Certificate Holder.

This Certificate of Insurance does not amend, extend or alter the coverage afforded by the policy listed below.

This Certificate does not constitute a contract between the issuing insurer, authorized representative and the certificate holder.

INSURED

| | | |
|---|---|--|
| CONDOMINIUM ASSOCIATION'S NAME AND ADDRESS | | |
| PARK RIVIERA SOUTH TOWNHOUSE ASSOCIATION C/O L & T PROPERTIES, INC PO BOX 14479 MESA, AZ 85216 | | |
| POLICY NUMBER | POLICY EFFECTIVE DATE (Mo., Day, Yr.) | POLICY EXPIRATION DATE (Mo., Day, Yr.) |
| 02-XB2881-01 | 06/01/19 | 06/01/20 |
| ★ PROPERTY | | |
| <input checked="" type="checkbox"/> Risks of Direct Physical Loss | <input type="checkbox"/> Named Perils | \$ 5,000 Property Deductible |
| PROPERTY COVERED | VALUATION OF COVERED PROPERTY | LIMIT OF INSURANCE |
| Building(s) 16,779,000 | <input checked="" type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value | \$ _____ |
| Business Personal Property _____ | <input type="checkbox"/> Replacement Cost | \$ _____ |
| ★ BUSINESSOWNERS LIABILITY AND MEDICAL EXPENSES | | |
| COVERAGE | LIMIT OF INSURANCE | |
| Liability And Medical Expenses | \$2,000,000 | |
| Damage To Premises Rented To You | \$50,000 | |
| Medical Expenses - Any One Person | \$5,000 | |
| Aggregate Limit (Other Than Products Completed Operations) | \$4,000,000 | |
| Products - Completed Operations Aggregate Limit | \$4,000,000 | |
| Consult the Condominium Association's policy for insurance afforded Unit Owners. | | |

CERTIFICATE HOLDER(S) _____ Effective Date _____ New Ownership/Occupancy Change Ownership/Occupancy

| | |
|---|----------------------------------|
| UNIT OWNER'S NAME AND ADDRESS OR UNIT DESIGNATION NO. | |
| | |
| UNIT OWNER'S MORTGAGEE NAME AND ADDRESS | LOAN NO. |
| | |
| UNIT OWNER'S CONTRACT OF SALES NAME AND ADDRESS | LOAN NO. |
| L & T PROPERTIES, INC PO BOX 14479 MESA, AZ 85216 | |
| MISCELLANEOUS | |
| TOWNHOUSE ASSOCIATION WITH 129 UNITS WALLS IN COVERAGE HIRED AND NON-OWNED AUTO CRIME AND FIDELITY: 250,000 DIRECTORS AND OFFICERS: \$1,000,000 | |
| DATE ISSUED | AUTHORIZED REPRESENTATIVE |
| 05/29/19 | Suzanne Wilhelm |