



EVIDENCE OF FLOOD INSURANCE

DATE (MM/DD/YYYY)
3/25/2022

THIS EVIDENCE OF FLOOD INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

INSURANCE AGENT / PRODUCER LUNDGREN INSURANCE AGENCY, LLC 2 N CENTRAL AVE STE 1800 PHOENIX, AZ 85004	CONTACT NAME: MATT LUNDGREN PHONE (A/C. No. Ext): 602-218-6022 FAX (A/C. No.): 800-878-3151 E-MAIL ADDRESS: cs@lundgreninsuranceagency.com PRODUCER CUSTOMER ID #:
NAMED INSURED AND ADDRESS TESORO AT GRAYHAWK CONDOMINIUM ASSOCIATION C/O ASSOCIATED PROPERTY MANAGEMENT 3260 E INDIAN SCHOOL RD PHOENIX, AZ 85018	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: VOYAGER INDEMNITY INSURANCE CO 40428 INSURER B: LLOYD'S OF LONDON INSURER C: EVIDENCE NUMBER: REVISION NUMBER: PAGE COUNT: THIS REPLACES PRIOR EVIDENCE DATED:

PROPERTY INFORMATION (Use REMARKS, if more space is required)

LOCATION / DESCRIPTION
19475 N GRAYHAWK DR. SCOTTSDALE, AZ 85255: BLDGS 1 THROUGH 40, CLUBHOUSE

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE / RISK INFORMATION

* 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION

DATE OF CONSTRUCTION	CURRENT FLOOD ZONE	FLOOD RISK / RATED ZONE	GRANDFATHERED?	BUILDING OCCUPANCY TYPE		CONTENTS COVERAGE TYPE	
2004	AO	AO	N Y / N	<input type="checkbox"/> SINGLE FAMILY	<input checked="" type="checkbox"/> OTHER RESIDENTIAL	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> NON-RESIDENTIAL
REPLACEMENT COSTS \$64,037,400	CONDOMINIUM COVERAGE IS FOR (Check One): <input type="checkbox"/> UNIT OWNER <input checked="" type="checkbox"/> ASSOCIATION BUILDING		# UNITS	<input checked="" type="checkbox"/> 2 - 4 FAMILY	<input type="checkbox"/> NON-RESIDENTIAL		
PRIMARY POLICY		POLICY NUMBER: PFS000369903		* EFFECTIVE DATE: 9/21/2022		* EXPIRATION DATE: 9/21/2023	
INS LTR	COVERAGE	DEDUCTIBLE	TOTAL AMOUNT OF INSURANCE	MARKET	POLICY FORM	PRODUCT TYPE	PREFERRED RISK POLICY ELIGIBILITY EXTENSION
A	BUILDING	\$25,000	\$59,698,200	<input type="checkbox"/> NFIP / WYO	<input type="checkbox"/> DWELLING FORM	<input type="checkbox"/> STANDARD POLICY	<input type="checkbox"/> GROUP FLOOD INSURANCE POLICY
	CONTENTS	0	0	<input checked="" type="checkbox"/> PRIVATE / ALT. MARKET	<input checked="" type="checkbox"/> GENERAL PROPERTY FORM	<input type="checkbox"/> PREFERRED RISK POLICY	<input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM POLICY
					<input checked="" type="checkbox"/> RESIDENTIAL CONDO BLDG ASSOCIATION POLICY FORM		
EXCESS POLICY 1		INDICATES EXCESS POLICY IS A "FOLLOWING FORM" POLICY TYPE		POLICY NO: AFR22XF10001375-00		* EFFECTIVE DATE: 9/21/2022 * EXPIRATION DATE: 9/21/2023	
INS LTR	COVERAGE	DEDUCTIBLE	TOTAL AMOUNT OF INSURANCE	MARKET	POLICY FORM	PRODUCT TYPE	PREFERRED RISK POLICY ELIGIBILITY EXTENSION
B	BUILDING	\$0	\$4,341,540	<input type="checkbox"/> NFIP / WYO	<input type="checkbox"/> DWELLING FORM	<input type="checkbox"/> STANDARD POLICY	<input type="checkbox"/> GROUP FLOOD INSURANCE POLICY
	CONTENTS			<input checked="" type="checkbox"/> PRIVATE / ALT. MARKET	<input checked="" type="checkbox"/> GENERAL PROPERTY FORM	<input type="checkbox"/> PREFERRED RISK POLICY	<input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM POLICY
					<input checked="" type="checkbox"/> RESIDENTIAL CONDO BLDG ASSOCIATION POLICY FORM		
	BUSINESS INCOME	EXTRA EXPENSE	ADDITIONAL LIVING EXPENSE	IF "YES", LIMIT: \$		ACTUAL LOSS SUSTAINED	# OF MONTHS:
EXCESS POLICY 2		INDICATES EXCESS POLICY IS A "FOLLOWING FORM" POLICY TYPE		POLICY NO:		* EFFECTIVE DATE: * EXPIRATION DATE:	
INS LTR	COVERAGE	DEDUCTIBLE	TOTAL AMOUNT OF INSURANCE	MARKET	POLICY FORM	PRODUCT TYPE	PREFERRED RISK POLICY ELIGIBILITY EXTENSION
	BUILDING			<input type="checkbox"/> NFIP / WYO	<input type="checkbox"/> DWELLING FORM	<input type="checkbox"/> STANDARD POLICY	<input type="checkbox"/> GROUP FLOOD INSURANCE POLICY
	CONTENTS			<input type="checkbox"/> PRIVATE / ALT. MARKET	<input type="checkbox"/> GENERAL PROPERTY FORM	<input type="checkbox"/> PREFERRED RISK POLICY	<input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM POLICY
					<input type="checkbox"/> RESIDENTIAL CONDO BLDG ASSOCIATION POLICY FORM		
	BUSINESS INCOME	EXTRA EXPENSE	ADDITIONAL LIVING EXPENSE	IF "YES", LIMIT: \$		ACTUAL LOSS SUSTAINED	# OF MONTHS:

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

TOTAL UNITS - 198: This Policy meets the definition of private flood insurance contained in 42 U.S.C.4012a(b)(7) and the corresponding regulation.

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

ASSOCIATED PROPERTY MANAGEMENT 3260 E INDIAN SCHOOL RD PHOENIX, AZ 85018	LOAN NUMBER: <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> ADDITIONAL INSURED <input checked="" type="checkbox"/> NAMED ON POLICY (Check all that apply) <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> EXCESS POLICY 2 <input type="checkbox"/> UNIT-OWNER'S MORTGAGEE (Does not imply interest) <input type="checkbox"/> EXCESS POLICY 1 AUTHORIZED REPRESENTATIVE MATTHEW LUNDGREN
--	---

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY LUNDGREN INSURANCE AGENCY, LLC		NAMED INSURED TESORO AT GRAYHAWK CONDOMINIUM ASSOCIATION	
POLICY NUMBER PFS000369903		EFFECTIVE DATE: 9/21/2022 - 9/21/2023	
CARRIER VOYAGER INDEMNITY INSURANCE CO	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 29 **FORM TITLE:** EVIDENCE OF FLOOD INSURANCE

ALL REQUESTS FOR AN UPDATED CERTIFICATE OF INSURANCE MUST BE MADE VIA WWW.LUNDGRENINSURANCEAGENCY.COM EACH

** THIS POLICY MEETS THE DEFINITION OF PRIVATE FLOOD INSURANCE CONTAINED IN 42 U.S.C.4012a(b)(7) AND THE CORRESPONDING REGULATION