



STATE FARM FIRE AND CASUALTY COMPANY
Po Box 2915
Bloomington IL 61702-2915

BALANCE DUE NOTICE

POLICY NUMBER 93-15-6177-2
Residential Community Association Policy

DATE DUE PLEASE PAY THIS AMOUNT
MAY 1 2024 \$3,245.00

004101.3125... M-24-2163-FC16 V F
CASITA COLONY RECREATION ASSN
7702 E HIGHLAND AVE UNIT 3
SCOTTSDALE AZ 85251-1624

Full payment by Date Due continues this policy to MAY 1 2025



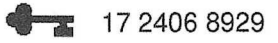
ST-1
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PREMIUM \$ 3,245.00
AMOUNT DUE \$ 3,245.00

Location: 7702 E HIGHLAND AVE UNIT 3
SCOTTSDALE AZ 85251-1624

*ENTERED ON BANK EFT Apr 24 21
ENTERED ON AB*

Important Message(s)



Agent MATT FUNICELLO
Telephone (480) 994-4304

See reverse for important information.
Please keep this part for your record.
Prepared MAR 07 2024

↓ Please fold and tear here ↓

MOVING? PLEASE SEE YOUR STATE FARM AGENT. M-2163-FC16

INSURED	CASITA COLONY RECREATION ASSN	
POLICY NUMBER	93-15-6177-2	CONDOMINIUM

PLEASE RETURN THIS PART WITH YOUR CHECK MADE PAYABLE TO STATE FARM

DATE DUE PLEASE PAY THIS AMOUNT
MAY 1 2024 \$3,245.00

2409405312
State Farm Insurance Companies
P.O. Box 680001
Dallas, TX 75368-0001



538-1811-8 10-04-2016
For office use only

(013092a) 2757
(0130911) M 28391

Prepared: MAR 07 2024
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FIRE BAL DUE	\$3,245.00	0531
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When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

02-08-2007 (o1f3096a)

For Office Use Only





STATE FARM FIRE AND CASUALTY COMPANY
A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

Po Box 2915
Bloomington IL 61702-2915

Named Insured

AT2 004101 3125 M-24-2163-FC16 F V
CASITA COLONY RECREATION ASSN
7702 E HIGHLAND AVE UNIT 3
SCOTTSDALE AZ 85251-1624



RENEWAL DECLARATIONS

Policy Number	93-15-6177-2	
Policy Period	Effective Date	Expiration Date
12 Months	MAY 1 2024	MAY 1 2025
The policy period begins and ends at 12:01 am standard time at the premises location.		

Agent and Mailing Address
MATT FUNICELLO
8102 E MCDOWELL RD STE 1B
SCOTTSDALE AZ 85257-3815

PHONE: (480) 994-4304
(480) 994-4305

Residential Community Association Policy

Automatic Renewal - If the **policy period** is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Entity: Corporation

NOTICE: Information concerning changes in your policy language is included. Please call your agent if you have any questions.

POLICY PREMIUM \$ 3,245.00

Discounts Applied:
Renewal Year
Claim Record

Prepared
MAR 07 2024
CMP-4000

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0111-ST-1-1001

RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for CASITA COLONY RECREATION ASSN
 Policy Number 93-15-6177-2

SECTION I - PROPERTY SCHEDULE

Location Number	Location of Described Premises	Limit of Insurance* Coverage A - Buildings	Limit of Insurance* Coverage B - Business Personal Property
001	7702 E HIGHLAND AVE UNIT 3 SCOTTSDALE AZ 85251-1624	No Coverage	No Coverage

AUXILIARY STRUCTURES

Location Number	Description	Limit of Insurance* Coverage A - Buildings	Limit of Insurance* Coverage B - Business Personal Property
001A	CLUBHOUSE	\$ 182,100	\$ 16,700
001B	RAMADA	\$ 32,900	See Prop Sch
001C	Pool	\$ 53,400	See Prop Sch

* As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage.

SECTION I - INFLATION COVERAGE INDEX(ES)

Inflation Coverage Index: 234.4

RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for CASITA COLONY RECREATION ASSN
 Policy Number 93-15-6177-2

SECTION I - DEDUCTIBLES

Basic Deductible	\$500		
Special Deductibles:			
Money and Securities	\$250	Employee Dishonesty	\$250
Equipment Breakdown	\$500		

Other deductibles may apply - refer to policy.

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH DESCRIBED PREMISES

The coverages and corresponding limits shown below apply separately to each described premises shown in these Declarations, unless indicated by "See Schedule." If a coverage does not have a corresponding limit shown below, but has "Included" indicated, please refer to that policy provision for an explanation of that coverage.

COVERAGE	LIMIT OF INSURANCE
Collapse	Included
Damage To Non-Owned Buildings From Theft, Burglary Or Robbery	Coverage B Limit
Debris Removal	25% of covered loss
Equipment Breakdown	Included
Fire Extinguisher Systems Recharge Expense	\$5,000
Glass Expenses	Included
Increased Cost Of Construction And Demolition Costs (applies only when buildings are insured on a replacement cost basis)	10%
Newly Acquired Business Personal Property (applies only if this policy provides Coverage B - Business Personal Property)	\$100,000
Newly Acquired Or Constructed Buildings (applies only if this policy provides Coverage A - Buildings)	\$250,000

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for CASITA COLONY RECREATION ASSN
 Policy Number 93-15-6177-2

Ordinance Or Law - Equipment Coverage	Included
Preservation Of Property	30 Days

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH COMPLEX

The coverages and corresponding limits shown below apply separately to each complex as described in the policy.

COVERAGE	LIMIT OF INSURANCE
Accounts Receivable	
On Premises	\$50,000
Off Premises	\$15,000
Arson Reward	\$5,000
Forgery Or Alteration	\$10,000
Money And Securities (Off Premises)	\$5,000
Money And Securities (On Premises)	\$10,000
Money Orders And Counterfeit Money	\$1,000
Outdoor Property	\$5,000
Personal Effects (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Personal Property Off Premises	\$15,000
Pollutant Clean Up And Removal	\$10,000
Property Of Others (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Signs	\$2,500
Valuable Papers And Records	
On Premises	\$10,000
Off Premises	\$5,000

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**RENEWAL DECLARATIONS (CONTINUED)**

Residential Community Association Policy for CASITA COLONY RECREATION ASSN
 Policy Number 93-15-6177-2

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - PER POLICY

The coverages and corresponding limits shown below are the most we will pay regardless of the number of described premises shown in these Declarations.

COVERAGE	LIMIT OF INSURANCE
Back-Up of Sewer or Drain	Included
Employee Dishonesty	\$25,000
Loss Of Income And Extra Expense	Actual Loss Sustained - 12 Months

SECTION II - LIABILITY

COVERAGE	LIMIT OF INSURANCE
Coverage L - Business Liability	\$2,000,000
Coverage M - Medical Expenses (Any One Person)	\$10,000
Damage To Premises Rented To You	\$300,000
Directors And Officers Liability	\$2,000,000
AGGREGATE LIMITS	LIMIT OF INSURANCE
Products/Completed Operations Aggregate	\$4,000,000
General Aggregate	\$4,000,000
Directors and Officers Aggregate	\$2,000,000

Each paid claim for Liability Coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II - Liability in the Coverage Form and any attached endorsements.

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for CASITA COLONY RECREATION ASSN
 Policy Number 93-15-6177-2

Your policy consists of these Declarations, the BUSINESSOWNERS COVERAGE FORM shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

FORMS AND ENDORSEMENTS

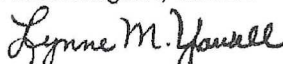
CMP-4100	Businessowners Coverage Form
CMP-4573.1	*Policy Endorsement
FE-6999.3	*Terrorism Insurance Cov Notice
CMP-4203.3	*Amendatory Endorsement
CMP-4814	Directors & Officers Liability
CMP-4550	Residential Community Assoc
CMP-4746.1	Hired Auto Liability
CMP-4710	Employee Dishonesty
CMP-4508	Money and Securities
CMP-4705.2	Loss of Income & Extra Expense
FE-3650	Actual Cash Value Endorsement
FD-6007	Inland Marine Attach Dec
	* New Form Attached

This policy is issued by the State Farm Fire and Casualty Company.

Participating Policy

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm Fire and Casualty Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.


 Secretary


 President

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 MAR 07 2024
 CMP-4000

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for CASITA COLONY RECREATION ASSN
 Policy Number 93-15-6177-2



0411-ST-1-1001

NOTICE TO POLICYHOLDER:

For a comprehensive description of coverages and forms, please refer to your policy.

Policy changes requested before the "Date Prepared", which appear on this notice, are effective on the Renewal Date of this policy unless otherwise indicated by a separate endorsement, binder, or amended declarations. Any coverage forms attached to this notice are also effective on the Renewal Date of this policy.

Policy changes requested after the "Date Prepared" will be sent to you as an amended declarations or as an endorsement to your policy. Billing for any additional premium for such changes will be mailed at a later date.

If, during the past year, you've acquired any valuable property items, made any improvements to insured property, or have any questions about your insurance coverage, contact your State Farm agent.

Please keep this with your policy.

Your coverage amount....

It is up to you to choose the coverage and limits that meet your needs. We recommend that you purchase a coverage limit equal to the estimated replacement cost of your structure. Replacement cost estimates are available from building contractors and replacement cost appraisers, or, your agent can provide an estimate from Xactware, Inc.[®] using information you provide about your structure. We can accept the type of estimate you choose as long as it provides a reasonable level of detail about your structure. State Farm[®] does not guarantee that any estimate will be the actual future cost to rebuild your structure. Higher limits are available at higher premiums. Lower limits are also available, as long as the amount of coverage meets our underwriting requirements. We encourage you to periodically review your coverages and limits with your agent and to notify us of any changes or additions to your structure.

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Po Box 2915
Bloomington IL 61702-2915

Named Insured

M-24-2163-FC16 F V

CASITA COLONY RECREATION ASSN
7702 E HIGHLAND AVE UNIT 3
SCOTTSDALE AZ 85251-1624

INLAND MARINE ATTACHING DECLARATIONS

Policy Number	93-15-6177-2	
Policy Period	Effective Date	Expiration Date
12 Months	MAY 1 2024	MAY 1 2025
The policy period begins and ends at 12:01 am standard time at the premises location.		

ATTACHING INLAND MARINE

Automatic Renewal - If the **policy period** is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Annual Policy Premium Included

The above Premium Amount is included in the Policy Premium shown on the Declarations.

Your policy consists of these Declarations, the INLAND MARINE CONDITIONS shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

Forms, Options, and Endorsements

FE-8739 Inland Marine Conditions
FE-8743.1 Inland Marine Computer Prop

See Reverse for Schedule Page with Limits

Prepared
MAR 07 2024
FD-6007

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ATTACHING INLAND MARINE SCHEDULE PAGE

ATTACHING INLAND MARINE

ENDORSEMENT NUMBER	COVERAGE	LIMIT OF INSURANCE	DEDUCTIBLE AMOUNT	ANNUAL PREMIUM
FE-8743.1	Inland Marine Computer Prop Loss of Income and Extra Expense	\$ 10,000	\$ 500	Included
		\$ 10,000		Included

OTHER LIMITS AND EXCLUSIONS MAY APPLY - REFER TO YOUR POLICY

Prepared
MAR 07 2024
FD-6007

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