



COMMON POLICY DECLARATIONS

Named Insured STARR PASS SHADOWS

F010640008-001-00001

Mailing Address 8755 E BROADWAY BLVD
TUCSON, AZ 85710-4015

Account No.

Prod. Count

88-19-3R1

60705-97-56

Agent No.

Policy Number

Form of Business ☐ Individual ☐ Joint Venture ☐ Limited Liability Co.
☐ Corporation ☐ Partnership ☒ Other Organization

Business Description:
Condominium

Policy Period From 11-11-2025 (not prior to time applied for)
To 11-11-2026 12:01 A.M. Standard time at your mailing address shown above.

If this policy replaces other coverage that ends at noon standard time of the same day this policy begins, this policy will not take effect until the other coverage ends. **This policy will continue for successive policy periods as follows:** If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect.

This policy consists of the following coverage parts listed below and for which a premium is indicated. This premium may be subject to change.

Coverage Parts	Premium After Discount And Modification
Condominiums Owners Policy	\$3,129.00
Preferred Community Association Management	\$506.00
Cyber Liability And Data Breach Expense Coverage	\$36.00
Certified Acts Of Terrorism - See Disclosure Endorsement	Included
Total (See Additional Fee Information Below)	\$3,671.00