FARMERS INSURANCE

Truck Insurance Exchange (A Reciprocal Insurer)
Member Of The Farmers Insurance Group Of Companies®
Home Office: 6301 Owensmouth Ave., Woodland Hills, CA 91367

COMMON POLICY DECLARATIONS

Named Insured STARR PASS SHADOWS

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

F010640008-001-00001	
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 11-11-2026 (not prior to time applied for)
To 11-11-2027 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	$3,298.00
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)	$3,840.00

Your Premium has increased by $169.00 since the last term.

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Policy Number: 60705-97-56 **Effective Date:** 11-11-2026

Forms Applicable To 25-9230ED5 PH Reminder - Review Your Coverage

All Coverage Parts:

Your Agent

Kara Anspach
10049 E Dynmteblvd135
Scottsdale, AZ 85262
(480) 998-8070

Countersigned (Date) By Authorized Representative

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Additional Fee Information

The following additional fees apply on an account, not a per-policy, basis.

- A **service fee** will be assessed on every installment invoice and will be included in the minimum amount due. However, if you choose to pay the entire account balance in full upon receipt of the first installment, the fee will be waived. In addition, for accounts fully enrolled in online billing and scheduled for recurring Electronic Funds Transfer (EFT) payments the fee will be waived.

State	Installment Fee
All states except Alaska, Florida, Maryland, New Jersey And West Virginia	$6.00
Alaska and Maryland	Not applicable
Florida	$3.00
New Jersey	$7.00
West Virginia	$5.00

- A **returned payment fee** applies per check, electronic transaction or other remittance which is not honored by your financial institution for any reason including but not limited to insufficient funds or a closed account. ***NOTE: If the returned payment is in response to a Notice of Cancellation, coverage still cancels on the cancellation effective date set forth in the notice.***

State	NSF Fee
All States Except Alaska, Florida, Indiana, Maine, Nebraska, New Jersey, North Dakota, Oklahoma, Virginia And West Virginia	$30.00
North Dakota And Oklahoma	$25.00
Nebraska And Indiana	$20.00
Florida And West Virginia	$15.00
Maine	$10.00
Alaska, New Jersey And Virginia	Not applicable

- A **late fee** will be assessed on each Notice of Cancellation that is issued and will be included in the minimum amount due.

State	Late Fee
All States Except Alaska, Florida, Maryland, Missouri, Nebraska, New Jersey, Rhode Island, Virginia, South Carolina And West Virginia	$20.00
Nebraska, Rhode Island And South Carolina	$10.00
Alaska, Florida, Maryland, Missouri, New Jersey, Virginia And West Virginia	Not applicable

The following applies on a per-policy basis.

- A **reinstatement fee** of $25.00 will be assessed if the policy is reinstated over 30 days but under 6 months from the cancellation date. *This fee does not apply to Florida, Indiana & Maryland or to Workers Compensation policies.*

One or more of the fees or charges described above may be deemed a part of premium under applicable state law.

FARMERS
INSURANCE

Important Notice About Your Insurance

Dear Insured,

We want to make sure youre aware that this insurance policy does not include workers compensation coverage. This means it will not pay for medical bills or lost wages if your employees get hurt on the job.

Your state may have laws that require you to have this type of coverage. Please make sure you follow the laws in your state.

For questions, please contact your Farmers® agent, or call us at (855)323-5350.

Thanks for choosing Farmers. Were grateful for the opportunity to serve you.

Farmers Insurance Group of Companies®

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THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.

FARMERS INSURANCE

J6300
3rd Edition

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

SCHEDULE

SCHEDULE - PART I

Terrorism Premium (Certified Acts) $ 38.00

Additional Information, if any, concerning the terrorism premium:

SCHEDULE - PART II

Federal share of terrorism losses 80 **% Year: 20**26
(Refer to Paragraph **B.** in this endorsement)

Federal share of terrorism losses 80 **% Year: 20**27
(Refer to Paragraph **B.** in this endorsement)

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Disclosure Of Premium

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

B. Disclosure Of Federal Participation In Payment Of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals a percentage (as shown in Part **II** of the Schedule of this endorsement or in the policy Declarations) of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed $100 billion in a calendar year the Treasury shall not make any payment for any portion of the amount of such losses that exceeds $100 billion.

C. Cap On Insurer Participation In Payment Of Terrorism Losses

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed $100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds $100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

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FARMERS INSURANCE

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Home Office: 6301 Owensmouth Ave., Woodland Hills, CA 91367

POLICY DECLARATIONS - PUD/HOMEOWNERS ASSOC PRIMARY POLICY

Named Insured STARR PASS SHADOWS

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

BN9BA261017 0 014 019 000897

Policy Number 60705-97-56 ☐ **Auditable**

Policy Period From 11-11-2026
To 11-11-2027 12:01 A.M. Standard time at your mailing address shown above.

In return for the payment of premium and subject to all the terms of this policy, we agree with you to provide insurance as stated in this policy. We provide insurance only for those Coverages described and for which a specific limit of insurance is shown.

Your Agent

Kara Anspach
10049 E Dynmteblvd135
Scottsdale, AZ 85262
(480) 998-8070

PROPERTY, INLAND MARINE AND CRIME COVERAGES AND LIMITS

The following coverages apply to the described locations and/or building. Please refer to the Base Coverages And Extensions section for other coverages and extensions applying at the policy level.

Option: BV - Blanket Value (see Base Coverage & Extensions for the total limit)
Valuation: ACV - Actual Cash Value; AV - Agreed Value; RC - Replacement Cost; ERC - Extended RC; FRC- Functional RC; GRC - Guaranteed RC
Abbreviation: ALS = Actual Loss Sustained; BI = Business Income; EE = Extra Expense

Premises Number	Bldg. No.	Covered Premises Address	Mortgagee Name And Address
001	All	1205 S Star Shadow Dr Tucson, AZ 85713-1176	

Coverage	Option	Valuation	Limit Of Insurance	Deductible/ Waiting Period
Building		ERC	$33,600	$1,000
Accounts Receivables - On-Premises			$5,000	$1,000
Building - Automatic Increase Amount			8%	
Building Ordinance Or Law - 1 (Undamaged Part)			Included	None
Building Ordinance Or Law - 2 (Demolition Cost)			$32,700	None
Building Ordinance Or Law - 3 (Increased Cost)			$12,900	None
Building Ordinance Or Law - Increased Period of Restoration			Included	None
Debris Removal			25% Of Loss + 10,000	
Electronic Data Processing Equipment			$5,000	$1,000
Exterior Building Glass			Included	$1,000
Outdoor Property			$2,500	$1,000
Outdoor Property - Trees, Shrubs & Plants (Per Item)			$500	$1,000
Personal Effects			$2,500	$1,000
Pollutant Clean Up And Removal Aggregate			$10,000	$1,000
Specified Property			$155,900	$1,000
Valuable Paper And Records - On-Premises			$5,000	$1,000

PROPERTY, INLAND MARINE AND CRIME COVERAGE AND LIMITS OF INSURANCE

The following Coverages and Extensions apply to all covered locations (premises) and/or buildings. Please refer to the individual location (premises) section for coverages and limits specific to such location (premises).

Base Coverage And Extensions	Limit of Insurance	Deductible/ Waiting Period
Accounts Receivables - Off-Premises	$2,500	$1,000
Association Fees And Extra Expense	$100,000	
Back Up Of Sewers Or Drains	$5,000	$1,000
Crime Conviction Reward	$5,000	None
Drone Aircraft - Direct Damage (per occurrence)	$10,000	$1,000
Drone Aircraft - Direct Damage (per item)	$2,500	$1,000
Employee Dishonesty	$25,000	$1,000
Fire Department Service Charge	$1,000	None
Fire Extinguisher Systems Recharge Expense	$2,500	None
Forgery And Alteration	$2,500	$1,000
Limited Biohazardous Substance Coverage - Per Occurrence	$10,000	$1,000
Limited Biohazardous Substance Coverage - Aggregate	$20,000	$1,000
Limited Cov. - Fungi Wet Rot Dry Rot & Bacteria - Aggregate	$15,000	$1,000
Master Key	$5,000	None
Master Key - Per Lock	$100	None
Money And Securities - Inside Premises	$5,000	$500
Money And Securities - Outside Premises	$5,000	$500
Money Orders And Counterfeit Paper Currency	$1,000	$1,000
Newly Acquired Or Constructed Property	$250,000	$1,000
Outdoor Signs	$2,500	$500
Outdoor Signs - Per Sign	$1,000	
Personal Property At Newly Acquired Premises	$100,000	$1,000
Personal Property Off Premises	$5,000	$1,000
Preferred Community Association Management - Crisis Response	$50,000	None
Premises Boundary	100 Feet	
Preservation Of Property	30 Days	
Valuable Paper And Records - Off-Premises	$2,500	$1,000

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LIABILITY AND MEDICAL EXPENSES COVERAGE AND LIMITS OF INSURANCE

Each paid claim for the following coverage reduces the amount of insurance we provide during the applicable policy period. Please refer to the policy.

Premium Basis: (A) Area; (C) Total Cost; (P) Payroll; (S) Sales/Receipts; (U) Each Unit
(M) Public Area Square Feet
(O) Other:

Covered Premises And Operations

Address	Classification / Exposure	Class Code	Prem. Basis	Annual Exposure	Rate	Advance Premium
1205 S Star Shadow Dr Tucson, AZ 85713-1176	Planned Unit Develop./Homeowners Assoc.	8699	Incl	Included	Included	Included

LIABILITY AND MEDICAL EXPENSES COVERAGE AND LIMITS OF INSURANCE CONTINUED

Coverage	Amount /Date
General Aggregate (Other Than Products & Completed Operations)	$2,000,000
Products And Completed Operations Aggregate	$1,000,000
Personal And Advertising Injury	Included
Each Occurrence	$1,000,000
Tenants Liability (Each Occurrence)	$75,000
Medical Expense (Each Person)	$5,000
Pollution Exclusion - Hostile Fire Exception	Included
Preferred Community Association Management - Per Claim	$1,000,000
Preferred Community Association Management - Aggregate	$1,000,000
Directors and Officers Errors and Omissions Liability - Per Claim/Aggregate	Included
Third Party Discrimination and Employment Practices Liability - Per Claim/Aggregate	Included
Preferred Community Association Management - Self Insured Retention	$1,000
Preferred Community Association Management - Retroactive Date	Date Established
Preferred Community Association Management - Prior Knowledge Date	11/11/2023
Hired Auto Liability	$1,000,000
Non-Owned Auto Liability	$1,000,000

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Policy Number: 60705-97-56 **Effective Date:** 11-11-2026

Policy Forms And Endorsements Attached At Inception

Number	Title
25-2110ED2	Notice - No Workers' Compensation Covg
25-6716ED1	Reciprocal Provisions
25-9200ED3	Farmers Privacy Notice
25-9565ED2	Pref Community Assoc Mgmt Covg Phn
56-6191	Cyber Liability & Data Breach Dec
E0104-ED1	Business Liab Covg - Tenants Liability
E0119-ED4	Back Up Of Sewers And Overflow Of Drains
E0125-ED1	Lead Poisoning And Contamination Excl
E2038-ED3	Conditional Exclusion Of Terrorism
E3015-ED2	Calculation Of Premium
E3024-ED3	Condominium Common Policy Conditions
E3037-ED1	No Covg-Certain Computer Related Losses
E3314-ED3	Condominium Liability Coverage Form
E3336-ED2	Hired Auto And Non-Owned Auto Liability
E3422-ED3	Condominium Property Coverage Form
E4009-ED4	Mold And Microorganism Exclusion
E6097-ED4	Extended Replacement Cost Endorsement
J6300-ED3	Disclosure - Terrorism Risk Ins Act
J6316-ED2	Excl Of Loss Due To Virus Or Bacteria
J6350-ED1	Employee Dishonesty - Property Manager
J6353-ED1	Change To Limits Of Insurance
J6573-ED1	Planned Unit Development Coverage
J6739-ED1	Two Or More Coverage Forms
J6829-ED1	Limited Coverage For Fungi And Bacteria
J6849-ED2	Deductible Provisions
J7110-ED2	Exclusion Confidential Info
J7114-ED1	Removal Of Asbestos Exclusion
J7122-ED2	Loss Payment - Profit, Overhead & Fees
J7131-ED1	Dishonesty Excl-Tenant Vandal Excp
J7133-ED1	Limited Biohazardous Substance Cov
J7136-ED1	Pollution Exclusion - Expanded Exception
J7139-ED1	Bus Inc & Extra Exp - Partial Slowdown
J7144-ED1	Amendment Of Pers & Advertising Inj Covg
J7158-ED1	Damage To Property Exclusion Revised
J7174-ED1	Ord Or Law-Incr Period Of Rest
J7183-ED1	Limitation - Designated Premises/Project
J7222-ED1	Marijuana Exclusion
J7228-ED1	Drone Aircraft Coverage
J7230-ED1	Supplementary Payments
J7493-ED1	Windstorm & Hail Loss Cond Endorsement
J7495-ED1	Pref Community Association Mgmt Coverage

Policy Number: 60705-97-56 **Effective Date:** 11-11-2026

Policy Forms And Endorsements Attached At Inception

Number	Title
J7507-ED1	Cyber Incident Exclusion
J7541-ED1	Broad Abuse Or Molestation Exclusion
J7544-ED1	Cyber Incident Liability Exclusion
J7545-ED1	Exclusion - Violation Of Laws
J7546-ED1	Exclusion PFAS
S8840-ED8	Arizona Changes
S8852-ED2	Arizona - Limited Terrorism Exclusion
S8858-ED2	Arizona Changes

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DECLARATIONS
CYBER LIABILITY AND DATA BREACH RESPONSE COVERAGE

THIS COVERAGE INCLUDES CLAIMS MADE AND REPORTED COVERAGES. SUBJECT TO ITS TERMS, THIS COVERAGE FORM'S CLAIMS MADE COVERAGES APPLY ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE OPTIONAL EXTENDED REPORTING PERIOD, IF APPLICABLE, PROVIDED SUCH CLAIM IS REPORTED IN WRITING TO THE COMPANY AS SOON AS PRACTICABLE. WITHOUT NEGATING THE FOREGOING REQUIREMENTS, SUCH NOTICE OF CLAIM MUST ALSO BE REPORTED NO LATER THAN 30 DAYS AFTER THE END OF THE POLICY PERIOD OR, IF APPLICABLE, DURING THE OPTIONAL EXTENDED REPORTING PERIOD. AMOUNTS INCURRED AS CLAIMS EXPENSES, WHICH INCLUDES DEFENSE COSTS, SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTIONS. THE COMPANY SHALL NOT BE LIABLE FOR ANY CLAIMS EXPENSES OR FOR ANY JUDGMENT OR SETTLEMENT AFTER THE LIMIT OF LIABILITY HAS BEEN EXHAUSTED. PLEASE READ THE COVERAGE FORM CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT.

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Named Insured STARR PASS SHADOWS

Policy Number 60705-97-56

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

Policy Period From: 11-11-2026
To: 11-11-2027 12:01 A.M. Standard time at your mailing address shown above.

Retroactive Date: 11/11/2023

Continuity Date: 11/11/2023

Optional Extension Period:
Length of optional extension period: _____

If no time period is stated, optional extension period coverage is not provided.

Cyber Extortion Hot Line: 1-800-435-7764

Coverage	Limit Of Insurance	Retention/Waiting Period
Aggregate Limit of Liability	$50,000	
Insuring Agreement A - Information Security & Privacy Liability	$50,000	$2,500
Insuring Agreement B - Privacy Breach Response Services	$50,000/ 5,000 Notified Individuals	$2,500/ 100 Notified Individuals
Insuring Agreement C - Regulatory Defense & Penalties	$50,000	$2,500
Insuring Agreement D - Website Media Content Liability	$50,000	$2,500
Insuring Agreement E - PCI Fines, Expenses And Costs	$10,000	$2,500
Insuring Agreement F - Cyber Extortion	$50,000	$2,500
Insuring Agreement G - First Party Data Protection	$50,000	$2,500
Insuring Agreement H - First Party Network Business Interruption Income Loss/Extra Expense Waiting Period	$50,000	$2,500 12 hours

Policy Forms And Endorsements Attached At Inception

Number	Title
J7155-ED1 S8856-ED3	Cyber Liability Coverage Form AZ Amendatory Endsmt