PHILADELPHIA INSURANCE COMPANIES
A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, Pennsylvania 19004
610.617.7900 Fax 610.617.7940
PHLY.com

Philadelphia Indemnity Insurance Company
A Stock Company (Nonparticipating)

COMMON POLICY DECLARATIONS

Policy Number: PHPK2717735-000

Named Insured and Mailing Address:
Rancho Antigua Association
8755 E Broadway Blvd
Tucson, AZ 85710-4015

Producer: 129498
B&A HOA Book
6000 American Pkwy
Madison, WI 53777

(608)242-4100

Policy Period From: 08/31/2025 **To:** 08/31/2026
at 12:01 A.M. Standard Time at your mailing address shown above.

Business Description: Homeowners Association

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
Commercial Property Coverage Part	
Commercial General Liability Coverage Part	760.00
Commercial Crime Coverage Part	
Commercial Inland Marine Coverage Part	
Commercial Auto Coverage Part	
Businessowners	
Workers Compensation	
Directors and Officers FlexiPlus	682.00
Hired Auto	
Total	**$ 1,442.00**
Total Includes Federal Terrorism Risk Insurance Act Coverage	**2.00**

CPD-PIIC-CW (02/21)

FORM (S) AND ENDORSEMENT (S) MADE A PART OF THIS POLICY AT THE TIME OF ISSUE
Refer To Forms Schedule

*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations

Secretary **President and CEO**

Philadelphia Indemnity Insurance Company
Form Schedule – Policy

Policy Number: PHPK2717735-000

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

Form	Edition	Description
BJP-190-1	0221	Commercial Lines Policy Jacket
PI-FEES-NOTICE 1	1119	Notice Late/Non-Sufficient Funds/Reinstatement Fee
PP2020	0220	Privacy Notice For Commercial Lines
CPD-PIIC-CW	0221	Common Policy Declarations
PI-LOC-SCH	0820	Location Schedule
PI-ACL-001	1124	Absolute Cyber Liability And Electronic Exclusion
PI-BELL-1	1109	Bell Endorsement
PI-CME-1	1009	Crisis Management Enhancement Endorsement
IL0017	1198	Common Policy Conditions
IL0021	0908	Nuclear Energy Liability Exclusion Endorsement
IL0258	0421	Arizona Changes - Cancellation And Nonrenewal
PI-SAM-018	0519	Absolute Abuse or Molestation Exclusion
PI-TER-DN1	0121	Disclosure Notice Of Terrorism Ins Coverage Rejection

Philadelphia Indemnity Insurance Company

Locations Schedule

Policy Number: PHPK2717735-000

Prems. No.	Bldg. No.	Address
0001	0001	9792 E Stonehaven Way Tucson, AZ 85747-5107

Philadelphia Indemnity Insurance Company

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Policy Number: PHPK2717735-000

Agent # 129498

☒ See Supplemental Schedule

LIMITS OF INSURANCE

$	2,000,000	General Aggregate Limit (Other Than Products – Completed Operations)
$	2,000,000	Products/Completed Operations Aggregate Limit
$	1,000,000	Personal and Advertising Injury Limit (Any One Person or Organization)
$	1,000,000	Each Occurrence Limit
$	100,000	Rented To You Limit (Any One Premises)
$	5,000	Medical Expense Limit (Any One Person)

FORM OF BUSINESS: ASSOCIATION

Business Description: Homeowners Association

Location of All Premises You Own, Rent or Occupy: **SEE SCHEDULE ATTACHED**

AUDIT PERIOD, ANNUAL, UNLESS OTHERWISE STATED: This policy is not subject to premium audit.

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops	Prem./ Ops.	Prod./ Comp. Ops.
SEE SCHEDULE ATTACHED						
TOTAL PREMIUM FOR THIS COVERAGE PART:					$ 760.00	$

RETROACTIVE DATE (CG 00 02 ONLY)
This insurance does not apply to "Bodily Injury", "Property Damage", or "Personal and Advertising Injury" which occurs before the retroactive date, if any, shown below.

Retroactive Date: NONE

FORM (S) AND ENDORSEMENT (S) APPLICABLE TO THIS COVERAGE PART: Refer To Forms Schedule

Countersignature Date

Authorized Representative

Philadelphia Indemnity Insurance Company

Form Schedule – General Liability

Policy Number: PHPK2717735-000

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

Form	Edition	Description
Gen Liab Dec	1004	Commercial General Liability Coverage Part Declaration
Gen Liab Schedule	0100	General Liability Schedule
CG0001	0413	Commercial General Liability Coverage Form
CG2017	1093	Additional Insured-Townhouse Associations
CG2101	1185	Exclusion - Athletic or Sports Participants
CG2106	0514	Excl-Access/Disclosure-With Ltd Bodily Injury Except
CG2132	0509	Communicable Disease Exclusion
CG2147	1207	Employment-Related Practices Exclusion
CG2167	1204	Fungi or Bacteria Exclusion
CG2170	0115	Cap On Losses From Certified Acts Of Terrorism
CG2402	1204	Binding Arbitration
PI-GL-001	0894	Exclusion - Lead Liability
PI-GL-002	0894	Exclusion - Asbestos Liability
PI-GL-017	0616	Hired And Non-Owned Auto Liability
PI-GL-031	0318	Subsidence Exclusion
PI-GL-042	0422	Total Exclusion - PFC/PFAS
PI-GLD-PU	0407	General Liability Deluxe Endorsement: Homeowners Assoc
PI-SAM-006	0117	Abuse Or Molestation Exclusion

Philadelphia Indemnity Insurance Company

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SUPPLEMENTAL SCHEDULE

Policy Number: PHPK2717735-000

Agent # 129498

Classifications	Code No.	Premium Basis	Rates Prem./ Ops.	Rates Prod./ Comp. Ops.	Advance Premiums Prem./ Ops.	Advance Premiums Prod./ Comp. Ops.
AZ PREM NO. 001						
TOWNHOUSES	68500	408 UNIT	10.646	INCL	555	INCL
PROD/COMP OP SUBJ TO GEN AGG LIMIT						
AZ HIRED AND NON OWNED AUTO					150	
AZ LIABILITY DELUXE	44444				55	

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DIRECTORS & OFFICERS PROTECTION *FLEXI* PLUS INSURANCE POLICY

Philadelphia Indemnity Insurance Company

DECLARATIONS

Policy Number: PHPK2717735-000

THIS IS A CLAIMS MADE POLICY, PLEASE READ THIS POLICY CAREFULLY

THIS POLICY ONLY COVERS THOSE CLAIMS FIRST MADE AGAINST THE INSURED DURING THIS POLICY PERIOD.

THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

ITEM 1. PARENT ORGANIZATION AND ADDRESS:
Rancho Antigua Association
8755 E Broadway Blvd
Tucson, AZ 85710-4015

ITEM 2. POLICY PERIOD: 08/31/2025 TO: 08/31/2026
(12:01 AM Standard Time)

ITEM 3. LIMIT OF LIABILITY: $ 1,000,000
(ANTI TRUST SUB-LIMIT: $150,000, SECTION IV.C)

ITEM 4. RETENTION: $ 1,000 Each Claim

ITEM 5. PREMIUM: $ 682.00

ITEM 6. RETROACTIVE DATE (If applicable): 08/31/2025

ITEM 7. ENDORSEMENTS EFFECTIVE AT INCEPTION:

PER SCHEDULE ATTACHED

Authorized Representative _____ Date _____

Countersignature _____

Philadelphia Indemnity Insurance Company

Form Schedule – D&O Flexi

Policy Number: PHPK2717735-000

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

Form	Edition	Description
PI-DF-2	0995	Directors & Officers Protection FlexiPlus Declarations
PI-ARB-1	0403	Binding Arbitration
PI-DF-1	0795	Directors & Officers Protection FlexiPlus Ins Policy
PI-DF-100	1202	Amendment of Definition of Policy Period
PI-DO-20	0995	Professional Services Exclusion
PI-DO-21	0995	Prior Acts Exclusion
PI-DO-32	0995	Insurance Program Exclusion
PI-DO-71	1203	Amendment of Exclusions
PI-DO-100	1207	Community Association Pro-Pak
PI-DO-AZ-1	0296	Arizona Changes
PI-SLD-001	0716	Cap On Losses From Certified Acts Of Terrorism