



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/1/2009

| PRODUCER Alliance Insurance 6970 E. Chauncey Lane Suite 110 Phoenix AZ 85054 | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | | | | | | | | | | | | |
|---|--|-----------------------------|--------|--|--|--------------------------------------|--|---|--|---|--|--|--|
| INSURED Scottsdale Shadows/Recreational Center Regime #4 7800 E. Camelback Rd. Scottsdale AZ 85251 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURERS AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Century Surety Company</td> <td></td> </tr> <tr> <td>INSURER B: Spectrum Insurance</td> <td></td> </tr> <tr> <td>INSURER C: McGowan & Company Inc</td> <td></td> </tr> <tr> <td>INSURER D: Travelers Insurance Company</td> <td></td> </tr> <tr> <td>INSURER E: National Union Fire Ins Co</td> <td></td> </tr> </table> | INSURERS AFFORDING COVERAGE | NAIC # | INSURER A: Century Surety Company | | INSURER B: Spectrum Insurance | | INSURER C: McGowan & Company Inc | | INSURER D: Travelers Insurance Company | | INSURER E: National Union Fire Ins Co | |
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COVERAGES

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 CERTIFICATE 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR | ADD'L | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS |
|------|-------|---|------------------|------------------------------------|-------------------------------------|---|
| A | | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | 518757 | 7/1/2009 | 7/1/2010 | EACH OCCURRENCE \$ 1,000,000 |
| | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included | | | | |
| B | | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | ACP7241887512 | 7/1/2009 | 7/1/2010 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | | BODILY INJURY (Per person) \$ | | | | |
| | | BODILY INJURY (Per accident) \$ | | | | |
| | | PROPERTY DAMAGE (Per accident) \$ | | | | |
| | | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ |
| | | OTHER THAN AUTO ONLY: EA ACC \$ | | | | |
| | | AGG \$ | | | | |
| C | | EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000 | 7957874945303 | 7/1/2009 | 7/1/2010 | EACH OCCURRENCE \$ 15,000,000 |
| | | AGGREGATE \$ 15,000,000 | | | | |
| | | \$ | | | | |
| | | \$ | | | | |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under SPECIAL PROVISIONS below | | | | <input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER |
| | | E.L. EACH ACCIDENT \$ | | | | |
| | | E.L. DISEASE - EA EMPLOYEE \$ | | | | |
| | | E.L. DISEASE - POLICY LIMIT \$ | | | | |
| C | | OTHER Directors & Officers | 024765418 | 7/1/2009 | 7/1/2010 | Limit \$1,000,000 |
| D | | Property (ded\$10k) | KTKCMB544D950509 | 7/1/2009 | 7/1/2010 | Limit \$116,828,600 |
| E | | Crime | 006665209 | 7/1/2009 | 7/1/2010 | Employee Dishonesty \$50,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 *10 Day Notice of Cancellation for Non-Payment of Premium. Subject to Policy Limits, Terms Conditions and Exclusions.

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|---|--|
| CERTIFICATE HOLDER <p style="text-align: center;">For Informational Purposes</p> | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL *30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Louis Serro/A5ALL |
|---|--|