

# Billing statement

## Business Insurance

October 14, 2025

### Billing Summary

**Account Number:**  
F009170652-001-00001

Payment due on  
November 1, 2025 \$1,652.00

Payments and policy changes processed after  
October 12, 2025 will appear on the next bill.

The following pages show details about your policy(ies) and  
payment(s).

#### IMPORTANT:

- Your payment must arrive by the due date.
- The minimum payment to avoid a cancellation notice is \$1,652.00.
- Late payments will cost a \$20.00 fee.

**Payor Name & Address**  
GREEN RIDGE HOA OF PIMA COUNT  
C/O ADAM LLC  
516 E FORT LOWELL RD  
TUCSON AZ 85705-3965

**Your Farmers® Agent**  
Danielle C Stenquist  
Phone: (520) 721-1700  
Email: [dstenquist@farmersagent.com](mailto:dstenquist@farmersagent.com)

**Questions about your bill?**  
You can call Commercial Billing at  
855-323-5350  
8:00am- 5:00pm local time  
Monday through Friday

**Address Change?**  
Please contact your Farmers® agent to update  
any addresses on your policy

On credit card ineligible accounts, we only  
accept debit or credit card payments of up to  
\$15,000 per term by calling your agent or our  
service center, subject to limited exceptions.  
Payments can also be made with a check, direct  
bank payment, or automatic payments set up  
through a checking or savings account.

COMMINV 10-18

Page 1 of 2

#### Payment Stub

**Payor Name:** GREEN RIDGE HOA OF PIMA COUNT

**Account Number:** F009170652-001-00001

**Amount Due:** \$1,652.00

**Due Date:** November 1, 2025

**Amount Enclosed:**

#### Paying by check?

Please make your check payable to Farmers Insurance  
Exchange, write your account  
number on it, and mail it to us with this payment stub.

FARMERS INSURANCE EXCHANGE  
P.O. BOX 4665  
CAROL STREAM, IL 60197-4665

There is a \$30.00 fee for returned payments.



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## Policies on this billing account

<b>Policy number</b>	<b>First listed location or vehicle</b>	<b>Issuing Insurer(s)</b>
606814398	10369 E SONORAN VISTA TRL	Truck Insurance Exchange

## Explanation of charges and premium due

<b>Policy</b>	<b>Transaction Description</b>	<b>Total premium change amount<sup>1</sup></b>	<b>Impact on premium due</b>
<b>Previous Billing Cycle</b>			
	LAST BILLED AMOUNT	\$1,633.00	
	10-27-24 PAYMENT - THANK YOU	-\$1,633.00	
<b>Current Billing Cycle</b>			
606814398	11-01-24 HABITATIONAL	0.00	
606814398	11-01-25 HABITATIONAL - RENEWAL	\$1,652.00	\$1,652.00
<b>Payment due on November 1, 2025</b>			<b>\$1,652.00</b>

<sup>1</sup> The unbilled portion of these changes not included in the current payment due will carry over to the remaining installments in the term. For additional details on the changes, please reference the policy documents previously sent to you.

## How to pay

**Pay online.** Visit us online at [www.farmers.com](http://www.farmers.com) and click on Payments to make a payment.

**Pay by phone.** Call 855-323-5350

**Pay by mail.** Send us your check or money order with your payment stub

**Pay your agent directly.** Visit your agent's office with your payment



**Save stamps, time and...trees!**

Discontinue paper mailing and set up automatic payments at [www.farmers.com](http://www.farmers.com) and click on Payments



With eSign, you can sign your policy documents electronically and send them to us with just a few clicks. It's the convenient, secure way to submit forms that require your signature. Once this feature is added to your policy, any signature forms listed in your policy declarations with an asterisk (\*) will be sent to you via eSign. Future changes to your policy will automatically process via eSign, if eligible.

If you haven't signed up for eSign yet, contact your Farmers® agent today to get started.

## Sign And Submit Forms Online With eSign



## 2025 Exchange Update

Dear Fellow Truck Insurance Exchange Member:

Farmers Insurance Group® continues to provide its customers with coverage options to help them manage risk and meet their insurance needs. We strive to deliver the best value and experience to every customer we're privileged to serve. Farmers appreciates your business and looks forward to continuing to earn your confidence for many years to come.

Truck Insurance Exchange is one of the insurers comprising Farmers Insurance Group. Truck Insurance Exchange along with Farmers Insurance Exchange and Fire Insurance Exchange, and their subsidiaries and affiliates, provide automobile, homeowners, personal umbrella, and business owners insurance. For more information, please visit [farmers.com](http://farmers.com).

### **Recent Developments**

- We delivered when it mattered most in a year full of catastrophes. In 2024, we handled 74 CAT events, including severe storms, a hurricane, wildfires, and winter storms.
- Continued focus on speed and accuracy within Claims is driving significant value and efficiency for customers.
- Surplus remains healthy and continues to strengthen.
- Continued work to mitigate our exposure to catastrophe events has helped re-balance our risk portfolio.
- A new industry-leading quoting experience was introduced that enables Farmers agents to generate multiple quotes more quickly, with significantly reduced friction.

### **Better Together**

- Prioritizing leadership development is cultivating a workplace that values continuous improvement, accountability and strategic focus, while nurturing leaders who are resilient and adaptable.
- Nearly 1,500 leaders participated in one of the 233 Leadership Circles that were set up to further discuss and develop people leader capabilities.
- In 2024, employees continued to make a difference in communities across the country, completing more than 27,000 hours of service across nearly 1,750 causes in more than 900 communities.
- Employees also positively impacted nearly 200,000 individuals by packing and serving meals with Operation BBQ Relief, Rise Against Hunger, and 9/11 Day.

### **Your Voting Rights**

As a member of Truck Insurance Exchange, you have the important right to vote for representatives of the Exchange Board of Governors. To ensure that all our customers have an opportunity to exercise their voting rights, we now have three ways in which you can cast your votes. You may vote in person at the Annual Meeting of Members of Truck Insurance Exchange, appoint a proxy to act on your behalf by requesting and returning a completed proxy form, or conveniently cast your votes online through your Farmers.com account. Additional information on Truck Insurance Exchange and your voting options can be found in the FAQs on the other side of this page.

Thank you for your ongoing support and participation.

Sincerely,

The Board of Governors of Truck Insurance Exchange



## 2025 Exchange Update (continued)

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### FREQUENTLY ASKED QUESTIONS

As a member of Truck Insurance Exchange, we want you to understand the basics of the operation of an Exchange because, as you will see below, you are an owner of the Exchange.

#### What is an Exchange?

An Exchange is an insurance organization, which operates in most ways like any other insurance company, but with a few key differences. Truck Insurance Exchange was organized under a provision in the California Insurance Code, which allows insureds to "exchange" policies with other insureds. Because the insureds cannot practically be involved in actually issuing policies, collecting premium, paying commissions to agents, etc., they appoint a third party - called an "attorney-in-fact" (AIF) - to perform those duties on their behalf for a fee. That appointment is made through a document called a "Subscription Agreement." You were asked to sign a Subscription Agreement at the time you applied for insurance with Truck Insurance Exchange and that is how you became a member (aka subscriber).

#### Who owns the Exchange?

You do. Subscribers of the Exchange are owners until such time as they no longer have insurance from the Exchange. Subscribers elect a Board of Governors which supervises the financial affairs of the Exchange and the performance of the AIF in conformity with the Subscription Agreement terms.

#### Why is an AIF fee paid to Truck Underwriters Association (TUA)?

Under the Subscription Agreement mentioned above, members appoint TUA to perform certain of the tasks, such as policy issuance and collection of premium, which are involved in running an insurance operation. The Subscription Agreement specifies an AIF fee of 20 percent of premium, although TUA has taken less than that amount.

#### What is TUA?

TUA is a wholly owned subsidiary of Farmers Group, Inc. (FGI), which is part of the Zurich Insurance Group, Ltd (ZIG), a Swiss company. Neither TUA, FGI nor ZIG has any ownership interest in Truck Insurance Exchange, which is owned by its subscribers (insureds).

#### How was your premium dollar spent by Truck Insurance Exchange in 2024?

Your premium dollar covers Exchange costs including losses incurred, acquisition costs, taxes, license fees, the AIF fee, and any contributions to surplus. For 2024, the AIF fee was 14.1% of the premium dollar, which included the AIF profit of 7.04% of the premium dollar for that year.

#### Can the Exchange lose money?

If premiums collected exceed claims payments and other expenses (including the fee for the AIF), then the Exchange retains those net premium earnings (as contributions to surplus). If premiums are not sufficient to cover claims and expenses, the Exchange will lose money. That's one reason it is important to build surplus to pay future losses. The AIF does not participate in claims losses and does not enjoy any net premium earnings. Importantly, subscribers are not responsible for any losses the Exchange might suffer.

#### How can I exercise my right to vote?

You may exercise your voting rights in any of the following ways:

1. By attending the annual members' meeting in Woodland Hills, CA on March 17, 2026, at 2 PM,
2. Electronically through your Farmers.com account (voting will be available from January 1, 2026, to March 6, 2026, and you will be required to create a Farmers.com account if you do not already have one), or
3. Through mail by requesting a paper proxy from the Subscriber Relations Office (completed proxies must be received by March 6, 2026).

#### Where can I get more information about the Exchange, or obtain a paper proxy?

You can go to [www.farmers.com/about-us](http://www.farmers.com/about-us) for most questions. If you have additional questions or want to obtain a paper proxy along with a postage paid envelope to confidentially return your proxy, please contact:

Subscriber Relations Office  
Truck Insurance Exchange  
Attn: Corporate Secretary  
P.O. Box 4461  
Woodland Hills, CA 91365



Dear Farmers® Customer,

Thank you for choosing Farmers for your Business Insurance needs.

In today's business environment, we understand that your business needs may change during the year. For example, you may acquire new equipment, adjust your staffing, add a new location, create electronic ordering and/or billing for your customers or begin offering new services.

**These changes may require updated insurance coverage for your business.**

Farmers and its agents want to help make you smarter about your insurance. To do that, we offer special services at no additional cost to you to help you ensure your business has the coverage it needs.

For example:

- Your agent will be happy to schedule a Farmers Friendly Review® with you. During this review, your agent can talk to you about available insurance discounts, potential coverage gaps, and new products that may be available to you. In addition, if there have been changes in your business since your last policy review, your premium may be eligible for additional pricing consideration.
- MysafetyPoint.com makes safety and loss control information available that may help you avoid workplace injuries and other losses.

To access this information, log onto [www.mysafetypoint.com](http://www.mysafetypoint.com), then register with your policy number and email address to find safety and loss control information that is specific to your type of business.

**ENCLOSED YOU WILL FIND YOUR POLICY DOCUMENTS. PLEASE REVIEW YOUR COVERAGES TO ENSURE THEY MEET YOUR NEEDS.**

If you have any questions, please contact your Farmers agent.

**Danielle Stenquist**

**Email: [dstenquist@farmersagent.com](mailto:dstenquist@farmersagent.com)**

**520-721-1700**





# STATEMENT

## TRUCK INSURANCE EXCHANGE

° GREEN RIDGE HOA OF PIMA COUNT  
\*SEE J7104 AMEND TO NAMED INS  
516 E FORT LOWELL RD

TUCSON AZ 85705-3965

**Renewal Statement - The Company will renew your policy for an additional 12 months term only if payment of the premium indicated is made on or before the renewal date of this notice.**

OCTOBER 07, 2025

Date

**88-33-3G5**

Agent's Number

**60681-43-98**

Policy Number

Loan Number

### This Statement Reflects:

Effective Date: 11/01/25

New Business       Reinstatement       Change Of Coverage       Added Coverage

\$ Previous Balance Owing

\$ Premium

\$ Membership, Policy, Reinstatement, Reissue or Service Fees

\$ Pro Rata Premium Due

\$ **1,652.00** Premium For Renewing Entire Present Coverage From 11/01/25 To 11/01/26

\$

\$

\$

\$

\$ **1,652.00** Total Charges

\$

\$ Payments

\$ Other Credits \_\_\_\_\_

\$ Total Credits \_\_\_\_\_

\$ **- NONE -** **BALANCE DUE UPON RECEIPT**

\$ Optional Amount

**WE WANT TO BE YOUR FIRST CHOICE FOR BUSINESS AND PERSONAL LINES INSURANCE. IF YOU PLACE A PERSONAL LINES POLICY WITH FARMERS YOU MAY BE ELIGIBLE TO RECEIVE A DISCOUNT, CONTACT YOUR AGENT TODAY.**

\$ Refund

**IMPORTANT- D-O N-O-T P-A-Y T-H-I-S N-O-T-I-C-E  
PREMIUM WILL BE BILLED. ACCT # F009170652-001-00001.**

**KEEP THIS ORIGINAL FOR YOUR RECORDS**



**State Required Notifications:**



## Important Notice

### Subscription Agreement Notice

(Please keep for your records)

*By payment of the policy premium, you acknowledge that you have received and read the Truck Insurance Exchange Subscription Agreement (the terms of which are provided below) and that you agree to be bound to all of the terms and conditions of the Subscription Agreement.*

*Under the Subscription Agreement, you appoint Truck Underwriters Association (the "Association") to act as the attorney-in-fact. The Association has acted in this capacity since 1935. The Subscription Agreement provides for payment of compensation to the Association for its becoming and acting as attorney-in-fact. This compensation consists of a membership fee and a percentage of premiums on all policies of insurance or reinsurance issued or effected by the Exchange. These fees are included in your policy payment and are not an additional fee.*

*We reserve the right to request that you provide us with a signed Subscription Agreement and if you fail to do so, your coverage may be terminated.*

### Subscription Agreement

For and in consideration of the benefits to be derived therefrom the subscriber covenants and agrees with Truck Insurance Exchange and other subscribers thereto through their and each of their attorney-in-fact, Truck Underwriters Association, to exchange with all other subscribers' policies of insurance or reinsurance containing such terms and conditions therein as may be specified by said attorney-in-fact and approved by the Board of Governors or its Executive Committee for any loss insured against, and subscriber hereby designates, constitutes and appoints Truck Underwriters Association to be attorney-in-fact for subscriber, granting to it power to substitute another in its place, and in subscriber's name, place and stead to do all things which the subscriber or subscribers might or could do severally or jointly with reference to all policies issued, including cancellation thereof, collection and receipt of all monies due the Exchange from whatever source and disbursement of all loss and expense payments, effect reinsurance and all other acts incidental to the management of the Exchange and the business of interinsurance; subscriber further agrees that there shall be paid to said Association, as compensation for its becoming and acting as attorney-in-fact, the membership fees and twenty per centum of the Premium Deposit for the insurance provided and twenty per centum of the premiums required for continuance thereof.

The remaining portion of the Premium Deposit and of additional term payments made by or on behalf of the subscriber shall be applied to the payment of losses and expenses and to the establishment of reserves and general surplus. Such reserves and surplus may be invested and reinvested by a Board of Governors duly elected by and from subscribers in accordance with provisions of policies issued, which Board or its Executive Committee or an agent or agency appointed by written authority of said Executive Committee shall have full powers to negotiate purchases, sales, trades, exchanges, and transfers of investments, properties, titles and securities, together with full powers to execute all necessary instruments. The expenses above referred to shall include all taxes, license fees, attorneys' fees and adjustment expenses and charges, expenses of members' and governors' meetings, agents' commissions, and such other specified fees, dues and expenses as may be authorized by the Board of Governors. All other expenses incurred in connection with the conduct of the Exchange and such of the above expenses as shall from time to time be agreed upon by and between the Association and the Board of Governors or its Executive Committee shall be borne by the Association.

The principal office of the Exchange and its attorney-in-fact shall be maintained in the City of Los Angeles, County of Los Angeles, State of California.

This agreement can be signed upon any number of counterparts with the same effect as if the signatures of all subscribers were upon one and the same instrument, and shall be binding upon the parties thereto, severally and ratably as provided in policies issued. Wherever the word "subscriber" is used the same shall mean members of the Exchange, the subscriber hereto, and all other subscribers to this or any other like agreement. Any policy issued hereon shall be non-assessable.





# Privacy Policy

This notice describes our privacy policies and procedures in safeguarding information about customers and former customers that obtain financial products or services for personal, family or household purposes. **Please note that if state law is more protective of an individual's privacy than federal privacy law, we will protect information in accordance with state law while also meeting federal requirements.**

## Information We Collect

We may collect the following categories of information for the purposes identified below. Please note that the examples are not an exhaustive list and may fall into multiple categories. Categories and specific pieces of information collected may vary depending on the nature of your relationship with us.

Category	Examples
<b>Personal Identifiers</b>	Name, alias, address, social security number, date of birth, passport number, unique personal identifier, online identifier, IP address, e-mail address, account name, government issued identification number, phone number, signature.
<b>Personal Characteristics</b>	Gender, demographic, medical and health, convictions, marital status, offspring, driving record, family member/other status, and other descriptions of your physical characteristics.
<b>Commercial Information</b>	Personal property, insurance policy number, medical information, or health insurance information, purchased products or services, considered products or services, purchasing or consuming histories or tendencies.
<b>Biometric Information</b>	Voice print, photo.
<b>Internet or Network Activity</b>	Information regarding your interactions with websites, applications, and advertisements, browser type, electronic communications, IP address, cookies.
<b>Geolocation</b>	IP address, physical address, telephone number, state, municipality, location, devices, applications on mobile and computer devices.
<b>Audio, Electronic, Visual, Thermal, Olfactory</b>	Audio, electronic, photo, visual information, such as a call or video recording, voicemail messages.
<b>Professional Information and Employment Information</b>	Job titles, work history, school attended, employment status, veteran, or military status.
<b>Education Information</b>	Job titles, work history, school attended, marital status, e-mail, telephone recordings.
<b>Inferences</b>	Preferences, behaviors, characteristics, trends, predispositions, attitudes, abilities, and aptitudes.
<b>Sensitive Personal Information</b>	Social security number, drivers license number, state ID card, account login, precise geo-location, bank account number, credit or debit card number, or any other financial information, trade union membership, your communications with us.



## **Purposes For Collection Of Personal Information**

We collect and use your personal information to offer, provide and maintain insurance products and related services to you. We may use your personal information for one or more of the following purposes:

- To offer, provide, and maintain insurance products and related services to you;
- To authenticate and verify your identity; to maintain your preferences and to contact you;
- Security: authentication and verification of your identity, fraud identification and protection;
- Conduct analytics, research and development, improvement of our products and services;
- To conduct quality assurance;
- To provide a location-based product or service requested by you;
- To apply relevant discounts;
- To create profiles based on personal information collected and reflecting individual preferences to provide appropriate or relevant products and services and improve and analyze our products and services and provide relevant marketing;

## **Sources Of Personal Information**

We collect certain information ("nonpublic personal information") about you and the members of your household (collectively, "you") from the following sources:

- Information you provide on applications or other forms, such as your social security number, assets, income, and property information.
- Information about your transactions with us, our affiliates, or others, such as your policy coverage, premiums, and payment history.
- Information from your visits to the websites we operate, use of our mobile sites and applications, use of our social media sites, and interaction with our on-line advertisements.
- Information we receive from consumer reporting agencies or insurance support organizations, such as motor vehicle records, credit report information, and insurance claim history; and
- If you obtain a life, long-term care, or disability product, information we receive from you, medical professionals who have provided care to you and insurance support organizations, regarding your health.

## **How Long Do We Retain Your Information**

We retain your personal data for as long as reasonably necessary to fulfill the purpose for which it was collected or to comply with legal, regulatory, or internal procedures or obligations.

## **How We Protect Your Information**

Our customers are our most valued assets. Protecting your privacy is important to us. We restrict access to personal information to those individuals, such as our employees and agents, who provide you with our products and services. We require individuals with access to your information to protect it and keep it confidential. We maintain physical, electronic, and procedural safeguards that comply with applicable regulatory standards to guard your nonpublic personal information. We do not disclose any nonpublic personal information about you except as described in this notice or as otherwise required or permitted by applicable law.

## **Information We Disclose**

We may disclose the nonpublic personal information we collect about you, as described above, to our affiliates, to companies that perform marketing services on our behalf or to other financial institutions with which we have joint marketing agreements, and to other third parties, as permitted by law and for our everyday business purposes, such as to process your transactions and maintain your accounts and insurance policies. Many employers, benefit plans or plan sponsors restrict the information that can be shared about their employees or members by companies that provide them with products or services. If you have a relationship with Farmers or one of its affiliates as a result of products or services provided through an employer, benefit plan or plan sponsor, we will follow the privacy restrictions of that organization.

We are permitted to disclose personal health information:

- (1) to process your transaction with us, for instance, to determine eligibility for coverage, to process claims or to prevent fraud;
- (2) with your written authorization; and
- (3) as permitted by law.

When you are no longer our customer, we continue to share your information as described in this notice.

## Sharing Information with Affiliates

The Farmers Insurance Group® of Companies includes affiliates that offer a variety of financial products and services in addition to insurance. Sharing information enables our affiliates to offer you a more complete range of products and services.

We may disclose nonpublic personal information, as described above in **Information We Collect**, as permitted by law to our affiliates, which include:

- Financial service providers such as insurance companies and reciprocals, investment companies, underwriters and brokers/dealers.
- Non-financial service providers, such as data processors, billing companies and vendors that provide marketing services for us.

We are permitted by law to share with our affiliates information about our transactions and experiences with you. In addition, we may share with our affiliates consumer report information, such as information from credit reports and certain application information, received from you and from third parties, such as consumer reporting agencies and insurance support organizations.

## IMPORTANT PRIVACY CHOICES

You have choices about the sharing of some information with certain parties. These choices may differ based on the particular affiliate(s) with which you do business.

**For 21st Century customers:** We are offering you an opt-out opportunity which is included with your policy documents. If you prefer that we not share your consumer report information with Farmers you may opt-out of such disclosures that is, you may direct us not to make those disclosures - other than as otherwise permitted by law. You may do so by following the procedure explained in the Opt-Out Form. You may opt-out only by returning the Opt-Out Form. We will implement your request within a reasonable time. If it is your decision not to opt-out and to allow sharing of your information with the Farmers affiliates, you do not need respond in any way.

**For Bristol West customers:** If you prefer that we not share consumer report information with our affiliates, except as otherwise permitted by law, you may use the Opt-Out Form included with your policy documents. Please verify that your Bristol West policy number is listed. If not, please add the policy numbers on the form and mail to the return address printed on the form. We will implement your request within a reasonable time after we receive it. Any policyholder may opt-out on behalf of other joint policyholders. An opt-out by any joint policyholder will be deemed to be an opt-out by all policyholders of the policy. If it is your decision not to opt-out and to allow sharing of your information with our affiliates, you do not need to request an opt-out or respond to us in any way.

**For Farmers customers:** If you prefer that we not share consumer report information with our affiliates, except as otherwise permitted by law, you may request an Opt-Out Form by calling toll free, 1-800-327-6377, (please have all of your policy numbers available when requesting Opt-Out Forms). A form will be mailed to your attention. Please verify that all of your Farmers policy numbers are listed. If not, please add the policy numbers on the form and mail to the return address printed on the form. Any policyholder may opt-out on behalf of other joint policyholders. An opt-out by any joint policyholder will be deemed to be an opt-out by all policyholders of the policy issued by the affiliates listed on the Farmers Privacy Notice. We will implement your request within a reasonable time after we receive the form.

**If you decide not to opt-out or if you have previously submitted a request to opt-out on each of your policies, no further action is required.**

**Additionally, under the California Consumer Privacy Act ("CCPA", California residents have the right to opt out of the sale of personal information to certain third parties. Although we do not currently share personal information in a manner that would be considered a sale under CCPA, you may still submit a request to opt out by calling us at 1-855-327-6548 or submitting a request through our CCPA Web Form at <https://www.farmers.com/california-consumer-privacy/>.**

## **Modifications to Our Privacy Policy**

We reserve the right to change our privacy practices in the future, which may include sharing nonpublic personal information about you with other nonaffiliated third parties. Before we make any changes, we will provide you with a revised privacy notice and give you the opportunity to opt-out of, or, if applicable, to opt-in to that type of information sharing.

## **Website and Mobile Privacy Policy**

Our Enterprise Privacy Statement includes our website and mobile privacy policies which provides additional information about website and mobile application use. Please review those notices if you transmit personal information to us over the Internet through our websites and/or mobile applications.

## **Recipients of this Notice**

While any policyholder may request a copy of this notice, we are providing this notice to the named policyholder residing at the mailing address to which we send your policy information. If there is more than one policyholder on a policy, only the named policyholder will receive this notice. You may receive more than one copy of this notice if you have more than one policy with us. You also may receive notices from affiliates, other than those listed below.

## **More Information about these Laws**

This notice is required by applicable federal and state law. For more information, please contact us.

## **Signed**

Farmers Insurance Exchange, Fire Insurance Exchange, Truck Insurance Exchange, Mid-Century Insurance Company, Farmers Insurance Company, Inc. (A Kansas Corp.), Farmers Insurance Company of Arizona, Farmers Insurance Company of Idaho, Farmers Insurance Company of Oregon, Farmers Insurance Company of Washington, Farmers Insurance of Columbus, Inc., Farmers Insurance Hawaii, Inc., Farmers New Century Insurance Company, Farmers Services Insurance Agency, Farmers Specialty Insurance Company, Farmers Texas County Mutual Insurance Company, Farmers Financial Solutions, LLC (a member of FINRA and SIPC)\*, FFS Holding, LLC, Illinois Farmers Insurance Company, Mid-Century Insurance Company of Texas, Texas Farmers Insurance Company, Civic Property and Casualty Company, Exact Property and Casualty Company, and Neighborhood Spirit Property and Casualty Company, American Federation Insurance Company, 21st Century Advantage Company, 21st Century Assurance Company, 21st Century Auto Insurance Company of New Jersey, 21st Century Casualty Company, 21st Century Centennial Insurance Company, 21st Century Indemnity Insurance Company, 21st Century Insurance & Financial Services, Inc., 21st Century Insurance Company, 21st Century Insurance Company of Southwest, 21st Century North America Insurance Company, 21st Century Pacific Insurance Company, 21st Century Premier Insurance Company, 21st Century Superior Insurance Company, Hawaii Insurance Consultants Ltd., American Pacific Insurance Company, Inc., Bristol West Casualty Insurance Company, Bristol West Holdings, Inc., Bristol West Insurance Company, Bristol West Insurance Services of California, Inc., Bristol West Insurance Services, Inc. of Florida, Bristol West Preferred Insurance Company, BWIS of Nevada, Inc., Coast National Holding Company, Coast National Insurance Company, Foremost County Mutual Insurance Company, Foremost Insurance Company Grand Rapids, Michigan, Foremost Lloyds of Texas, Foremost Property and Casualty Insurance Company, Foremost Signature Insurance Company, and Security National Insurance Company (Bristol West Specialty Insurance Company in TX), Farmers Property and Casualty Insurance Company, Farmers Casualty Insurance Company, Farmers Group Property and Casualty Insurance Company, Economy Fire & Casualty Company, Economy Preferred Insurance Company, Farmers Lloyds Insurance Company of Texas, Economy Premier Assurance Company, Farmers Direct Property & Casualty Insurance Company, Toggle Insurance Company.

The above is a list of the affiliates on whose behalf this privacy notice is being provided. It is not a comprehensive list of all affiliates of the companies comprising the Farmers Insurance Group of Companies.

\*For more background information on Farmers Financial Solutions, LLC ("FS" or its registered representatives / Agents, visit FINRA's BrokerCheck at [www.finrbrokercheck.com](http://www.finrbrokercheck.com) or call the BrokerCheck toll free hotline at (800) 289-9999. You may obtain information about the Securities Investor Protection Program (SIPC) including the SIPC brochure by contacting SIPC at (202) 371-8300 or via the internet at [www.sipc.org](http://www.sipc.org). FFS is registered with the US Securities and Exchange Commission and the Municipal Securities Rulemaking Board (MSRB). The MSRB website is accessible at [www.msrb.org](http://www.msrb.org) and includes an Investor Brochure that describes the protections that may be provided by the MSRB and how to file a complaint with the appropriate regulatory authority.



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** GREEN RIDGE HOA OF PIMA COUNT  
\*SEE J7104 AMEND TO NAMED INS

F009170652-001-00001

**Mailing Address** 516 E FORT LOWELL RD  
TUCSON, AZ 85705-3965

Account No.

Prod. Count

88-33-3G5

60681-43-98

Agent No.

Policy Number

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

**Business Description:**  
Condominium

**Policy Period** From 11-01-2025 (not prior to time applied for)  
To 11-01-2026 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	\$1,152.00
Directors And Officers Liability	\$464.00
Cyber Liability And Data Breach Expense Coverage	\$36.00
Certified Acts Of Terrorism - See Disclosure Endorsement	Included
Total (See Additional Fee Information Below)	\$1,652.00

Your Premium has increased by \$19.00 since the last term.

022/009 000952 0606814398 (4) BN09251007 020343



**Policy Number:** 60681-43-98

**Effective Date:** 11-01-2025

**Forms Applicable To:** 25-9230ED3

Reminder-Review Your Coverages

**All Coverage Parts:** J7104-ED1

Amendment To Named Insured

**Your Agent**

Danielle Stenquist  
7851 E Wrightstown Rd  
Tucson, AZ 85715  
(520) 721-1700

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Countersigned (Date)

---

By Authorized Representative

### 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.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.



J7104  
1st Edition

POLICY NUMBER: 60681-43-98

### AMENDMENT OF NAMED INSURED

#### SCHEDULE

The following is/are the Named Insured(s) on this policy:

GREEN RIDGE HOA OF PIMA COUNT  
C/O ADAM LLC

022/011 000952 0606814398 (4)BN09251007020345



This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.

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.



**J6300**  
3rd Edition

## DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

### SCHEDULE

<b>SCHEDULE - PART I</b>	
<b>Terrorism Premium (Certified Acts) \$</b>	<b>16.00</b>
<b>Additional information, if any, concerning the terrorism premium:</b>	
<b>SCHEDULE - PART II</b>	
<b>Federal share of terrorism losses</b> <u>80</u> % <b>Year:</b> <u>2025</u> (Refer to Paragraph B. in this endorsement)	
<b>Federal share of terrorism losses</b> <u>80</u> % <b>Year:</b> <u>2026</u> (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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## POLICY DECLARATIONS - PUD/HOMEOWNERS ASSOC PRIMARY POLICY

**Named Insured** GREEN RIDGE HOA OF PIMA COUNT  
\*SEE J7104 AMEND TO NAMED INS

**Mailing Address** 516 E FORT LOWELL RD  
TUCSON, AZ 85705-3965

**Policy Number** 60681-43-98

**Auditable**

**Policy Period** From 11-01-2025  
To 11-01-2026 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.

022/013 0000952 0606814398 (4)BN09251007 020347

### Your Agent

Danielle Stenquist  
7851 E Wrightstown Rd  
Tucson, AZ 85715  
(520) 721-1700



<b>PROPERTY, INLAND MARINE AND CRIME COVERAGES AND LIMITS</b>			
<b>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.</b>			
<b>Option:</b>	BV - Blanket Value (see Base Coverage & Extensions for the total limit)		
<b>Valuation:</b>	ACV - Actual Cash Value; AV - Agreed Value; RC - Replacement Cost; ERC - Extended RC; FRC - Functional RC; GRC - Guaranteed RC		
<b>Abbreviation:</b>	ALS = Actual Loss Sustained; BI = Business Income; EE = Extra Expense		
Premises Number	Bldg. No.	Covered Premises Address	Mortgagee Name And Address
001	All	10369 E Sonoran Vista Trl Tucson, AZ 85749-7504	
Coverage	Option	Valuation	Limit Of Insurance
Building	ERC	\$1	\$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)		\$25,000	None
Building Ordinance Or Law - 3 (Increased Cost)		\$10,000	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		\$25,000	\$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	
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	\$150,000	\$500
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	\$5,000	\$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
Premises Boundary	100 Feet	
Preservation Of Property	30 Days	
Valuable Paper And Records - Off-Premises	\$2,500	\$1,000



**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
10369 E Sonoran Vista Trl Tucson, AZ 85749-7504	Planned Unit Develop./Homeowners Assoc.	8699	Incl	Included	Included	Included

**LIABILITY AND MEDICAL EXPENSES COVERAGE AND LIMITS OF INSURANCE CONTINUED**

<b>Coverage</b>	<b>Amount /Date</b>
General Aggregate (Other Than Products & Completed Operations)	\$4,000,000
Products And Completed Operations Aggregate	\$2,000,000
Personal And Advertising Injury	Included
Each Occurrence	\$2,000,000
Tenants Liability (Each Occurrence)	\$75,000
Medical Expense (Each Person)	\$5,000
Pollution Exclusion - Hostile Fire Exception	Included
Directors & Officers Liability - Per Claim	\$2,000,000
Directors & Officers Liability - Aggregate	\$2,000,000
Directors & Officers Liability - Self Insured Retention	\$1,000
Directors & Officers Liability - Discrimination	Included
Directors & Officers Liability Retroactive Date	11/01/2020
Non-Owned Auto Liability	\$2,000,000



## Policy Forms And Endorsements Attached At Inception

Number	Title
25-2110	Notice - No Workers' Compensation Covg
25-6716ED1	Reciprocal Provisions
25-9200ED3	Farmers Privacy Notice
56-6191	Cyber Liability & Data Breach Dec
E0104-ED1	Business Liab Covg - Tenants Liability
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
E9122-ED6	D & O Liability Covg - Condos & Co-Ops
E9126-ED5	D & O Liab - Amendment Of Exclusions
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
J7227-ED1	Waiver Of Transfer Of Rights Of Recovery
J7228-ED1	Drone Aircraft Coverage
J7230-ED1	Supplementary Payments
J7231-ED1	Addl Insd-Mgrs Or Lessors Of Premises

**Policy Number:** 60681-43-98

**Effective Date:** 11-01-2025

**Policy Forms And Endorsements Attached At Inception**

<b>Number</b>	<b>Title</b>
J7493-ED1	Windstorm & Hail Loss Cond Endorsement
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

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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.**

**Named** GREEN RIDGE HOA OF PIMA COUNT  
**Insured** \*SEE J7104 AMEND TO NAMED INS

**Policy Number** 60681-43-98

**Mailing** 516 E FORT LOWELL RD  
**Address** TUCSON, AZ 85705-3965

**Policy** From: 11-01-2025

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

Retroactive Date: 11/01/2020

Continuity Date: 11/01/2020

**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

022/017 000952 0606814398 {4} BNC09251007 020351



<b>Coverage</b>	<b>Limit Of Insurance</b>	<b>Retention/Waiting Period</b>
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**

<b>Number</b>	<b>Title</b>
J7155-ED1 S8856-ED3	Cyber Liability Coverage Form AZ Amendatory Endsmt



## ARIZONA - CHANGES

This endorsement modifies insurance provided under the following:

APARTMENT OWNERS POLICY  
CONDOMINIUM POLICY

**A. The applicable Property Coverage Form is amended as follows:**

1. Paragraph **A.5.c.** Fire Department Service Charge Additional Coverage does not apply.
2. The following exclusion and related provisions are added to Paragraph **B.2. Exclusions**:

**Intentional Loss**

**a. With respect to loss caused by fire:**

- (1) We will not pay for loss or damage arising out of any act committed:
  - (a) By or at the direction of the insured; and
  - (b) With the intent to cause a loss.
- (2) However, this exclusion will not apply to deny an insured's claim for an otherwise covered property loss under this Policy if such loss is caused by another insured under this Policy and the insured making claim:
  - (a) Did not cooperate in or contribute to the creation of the loss; and
  - (b) Cooperates in any investigation relating to the loss.

We may apply reasonable standards of proof for such claims.

**b. With respect to loss caused by a peril other than fire:**

- (1) We will not pay for loss or damage arising out of any act committed:
  - (a) By or at the direction of the insured; and
  - (b) With the intent to cause a loss.
- (2) However, this exclusion will not apply to deny an insured's claim for an otherwise covered property loss under this Policy if such loss is caused by an act of domestic violence by another insured under this Policy and the insured making claim:
  - (a) Did not cooperate in or contribute to the creation of the loss; and
  - (b) Cooperates in any investigation relating to the loss.

We may apply reasonable standards of proof for such claims.

**c. If we pay a claim pursuant to Paragraph 2.a.(2) or 2.b.(2) of this endorsement, our payment to the insured is limited to that insured's insurable interest in the property as reduced by any payments we first made to a mortgagee or other party with a secured interest in the property. In no event will we pay more than the Limit of Insurance.**



**3. Paragraph E.2. Appraisal** Property Loss Condition is replaced by the following:

**2. Appraisal**

If we and you disagree on the amount of loss, either may make written demand for an appraisal of the loss. In this event, each party will select a competent and impartial appraiser. The two appraisers will select a competent and impartial umpire. If they cannot agree, either may request that selection be made by a judge of a court having jurisdiction. The appraisers will state separately the amount of loss. If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will be binding. Each party will:

- a. Pay its chosen appraiser; and
- b. Bear the other expenses of the appraisal and umpire equally.

If there is an appraisal, we will still retain our right to deny the claim.

**4. Section E. Property Loss Conditions** in the Condominium Property Coverage Form is amended as follows:

**a. Condition 5. Loss Payment** is amended to add the following:

If a unit-owner makes a claim for loss or damage to their unit or their interest in the common elements, we will adjust loss with the unit-owner, with respect to their interest in their unit or their interest in the common elements, but only to the extent required by the condominium documents as defined in Ariz. Rev. Stat. § 33-1202.

**b. The following Condition is added:**

**Unit-owners Insurance**

If a unit-owner makes a claim for loss or damage to their unit or their interest in the common elements, we will adjust loss with the unit-owner, with respect to their interest in their unit or their interest in the common elements, but only to the extent required by the condominium documents as defined in Ariz. Rev. Stat. § 33-1202.

A unit-owner may have other insurance covering the same property as this insurance. This insurance is intended to be primary and not to contribute with such other insurance.

**B. Section C. Who Is An Insured** in the Condominium Liability Coverage Form is amended as follows:

Paragraphs 4. and 5. are replaced by the following:

**4. The developer in the developer's capacity as a unit-owner, but only with respect to the developer's liability arising out of:**

**a. The ownership, maintenance or repair of:**

- (1) That portion of the premises which is not owned solely by the developer; or
- (2) The unit owned solely by that unit-owner, if required by the applicable condominium documents as defined in Ariz. Rev. Stat. § 33-1202; or

**b. The developer's membership in the Association.**

However, the insurance afforded with respect to the developer does not apply to liability for acts or omissions as a developer.

**5. Each other unit-owner of the described condominium, but only with respect to that person's liability arising out of:**

**a. The ownership, maintenance or repair of:**

- (1) That portion of the premises which is not owned solely by the unit-owner; or

(2) The unit owned solely by that unit-owner, if required by the applicable condominium documents as defined in Ariz. Rev. Stat. § 33-1202; or

b. That person's membership in the Association.

C. The applicable **Common Policy Conditions** is amended as follows:

1. The following is added to Paragraph **A. Cancellation** of the APARTMENT OWNERS POLICY CONDITIONS:

**7. Cancellation Of Policies In Effect For 60 Days Or More**

If this Policy has been in effect for 60 days or more, or if this Policy is a renewal of a policy we issued, we may cancel this Policy only for one or more of the following reasons:

- a. Nonpayment of premium;
- b. Your conviction of a crime arising out of acts increasing the hazard insured against;
- c. Acts or omissions by you or your representative constituting fraud or material misrepresentation in the procurement of this Policy, in continuing this Policy or in presenting a claim under this Policy;
- d. Substantial change in the risk assumed, except to the extent that we should have reasonably foreseen the change or contemplated the risk in writing the contract;
- e. Substantial breach of contractual duties or conditions;
- f. Loss of reinsurance applicable to the risk insured against resulting from termination of treaty or facultative reinsurance initiated by our reinsurer or reinsurers;
- g. Determination by the Director of Insurance that the continuation of the Policy would place us in violation of the insurance laws of this state or would jeopardize our solvency; or
- h. Acts or omissions by you or your representative which materially increase the hazard insured against.

If we cancel this Policy based on one or more of the above reasons, we will send to the first Named Insured, and send to the agent, if any, written notice of cancellation stating the reasons for cancellation. We will send this notice at least:

- a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
- b. 45 days before the effective date of cancellation if we cancel for any of the other reasons.

2. The following is added to Paragraph **A. Cancellation** of the CONDOMINIUM POLICY CONDITIONS:

**8. Cancellation Of Policies In Effect For 60 Days Or More**

If this Policy has been in effect for 60 days or more, or if this Policy is a renewal of a policy we issued, we may cancel this Policy only for one or more of the following reasons:

- a. Nonpayment of premium;
- b. Your conviction of a crime arising out of acts increasing the hazard insured against;
- c. Acts or omissions by you or your representative constituting fraud or material misrepresentation in the procurement of this Policy, in continuing this Policy or in presenting a claim under this Policy;
- d. Substantial change in the risk assumed, except to the extent that we should have reasonably foreseen the change or contemplated the risk in writing the contract;
- e. Substantial breach of contractual duties or conditions;
- f. Loss of reinsurance applicable to the risk insured against resulting from termination of treaty or facultative reinsurance initiated by our reinsurer or reinsurers;

- g. Determination by the Director of Insurance that the continuation of the Policy would place us in violation of the insurance laws of this state or would jeopardize our solvency; or
- h. Acts or omissions by you or your representative which materially increase the hazard insured against.

If we cancel this Policy based on one or more of the above reasons, we will send to the first Named Insured, and send to the agent, if any, written notice of cancellation stating the reasons for cancellation. We will send this notice at least:

- a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
- b. 45 days before the effective date of cancellation if we cancel for any of the other reasons.

**3. If the Apartment Owners Policy or Condominium Policy provides coverage for:**

- a. Real property which is used predominantly for residential purposes and consists of one through four dwelling units; and/or
- b. Personal property (except business personal property) of a person residing in such real property; the following provisions apply (instead of those provided in Paragraph 1. or 2. above) with respect to cancellation of such coverage:

If this Policy has been in effect for 60 days or more, or is a renewal of a policy we issued, we may cancel only for one or more of the following reasons:

- (1) Nonpayment of premium;
- (2) Your conviction of a crime arising out of facts increasing the hazard insured against;
- (3) Acts or omissions by you or your representative constituting fraud or material misrepresentation in obtaining the Policy, continuing the Policy or presenting a claim under the Policy;
- (4) Discovery of grossly negligent acts or omissions by you substantially increasing any of the hazards insured against;
- (5) Substantial change in the risk assumed by us, since the Policy was issued, except to the extent that we should reasonably have foreseen the change or contemplated the risk in writing the contract;
- (6) A determination by the Director of Insurance that the continuation of the Policy would place us in violation of the insurance laws of this state; or
- (7) Your failure to take reasonable steps to eliminate or reduce any conditions in or on the insured premises which contributed to a loss in the past or will increase the probability of future losses.

If we cancel this Policy based on one or more of these reasons, we will send written notice of cancellation, stating the reason(s) for cancellation, to the first Named Insured. We will send this notice at least:

- (1) 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
- (2) 30 days before the effective date of cancellation if we cancel for any of the other reasons.

**4. Paragraph C. Concealment, Misrepresentation Or Fraud is replaced by the following:**

**C. Concealment, Misrepresentation Or Fraud**

We will not pay for any loss or damage in any case involving misrepresentations, omissions, concealment of facts or incorrect statements:

- 1. That are fraudulent;
- 2. That are material either to the acceptance of the risk, or to the hazard assumed by us; and
- 3. Where, if the true facts had been made known to us as required either by the application for the Policy or otherwise, we in good faith would either:

- a. Not have issued the Policy;
- b. Not have issued the Policy in as large an amount; or
- c. Not have provided coverage with respect to the hazard resulting in the loss.

5. The following is added to Paragraph **K. Transfer Of Rights Of Recovery Against Others To Us**:

If we pay an insured for a loss described in Paragraph **A.2.b.**, the rights of the insured to recover damages from the perpetrator of the domestic violence are transferred to us to the extent of our payment. Following the loss, the insured may not waive such rights to recover against the perpetrator of the domestic violence.

6. The following paragraph is added and supersedes any provision to the contrary (and applies except in situations where Paragraph **7.**, below, applies):

**Nonrenewal**

1. If we elect not to renew this Policy, we will send to the first Named Insured, and send to the agent, if any, written notice of nonrenewal. We will send this notice, stating the reason(s) for nonrenewal at least 45 days prior to the expiration of this Policy.
2. If notice is mailed, proof of mailing will be sufficient proof of notice.
3. If either one of the following occurs, we are not required to provide written notice of nonrenewal:
  - a. We or a company within the same insurance group has offered to issue a renewal policy; or
  - b. You have obtained replacement coverage or agreed in writing to do so.
4. If written notice of nonrenewal is sent less than 45 days prior to the expiration of this Policy, and neither **3.a.** nor **3.b.** applies, the coverage shall remain in effect until 45 days after the notice is sent. Earned premium for any period of coverage that extends beyond the expiration date of this Policy shall be considered pro rata based upon the previous year's rate.

7. If the Apartment Owners Policy or Condominium Policy provides coverage for:

- a. Real property which is used predominantly for residential purposes and consists of one through four dwelling units; and/or
- b. Personal property (except business personal property) of a person residing in such real property;

the following provisions apply (instead of those provided in Paragraph **6.** Above) with respect to cancellation of such coverage:

- a. If we elect not to renew, we will send written notice of nonrenewal, stating the reason(s) for nonrenewal, to the first Named Insured. We will send this notice at least 30 days before the end of the policy period. If notice is mailed, proof of mailing will be sufficient proof of notice.
- b. If either one of the following occurs, we are not required to provide notice of nonrenewal:
  - (1) You have agreed to nonrenewal; or
  - (2) You have accepted replacement coverage.
- c. If our nonrenewal is based on the condition of the premises, you will be given 30 days' notice to remedy the identified conditions. If the identified conditions are remedied, coverage will be renewed. If the identified conditions are not remedied to our satisfaction, you will be given an additional 30 days, upon payment of premium, to correct the defective conditions.

8. The following paragraph is added:

**Renewal**

1. If we elect to renew this Policy and the renewal is subject to any of the following:

- a. Increase in premium;
- b. Change in deductible;
- c. Reduction in limits of insurance; or
- d. Substantial reduction in coverage;

we will send written notice of the change(s) to the first Named Insured, at least 30 days before the anniversary or expiration date of the Policy.

2. If renewal is subject to any condition described in 1.a. through 1.d. above, and we fail to provide notice 30 days before the anniversary or expiration date of this Policy, the following procedures apply:
  - a. The present policy will remain in effect until the earlier of the following:
    - (1) 30 days after the date of sending of the notice; or
    - (2) The effective date of replacement coverage obtained by the first Named Insured.
  - b. If the first Named Insured elects not to renew, any earned premium for the period of extension of the terminated policy will be calculated pro rata at the lower of the following rates:
    - (1) The rates applicable to the terminated policy; or
    - (2) The rates presently in effect.
  - c. If the first Named Insured accepts the renewal, the premium increase, if any, and other changes are effective the day following this Policy's anniversary or expiration date.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.



Dear Valued Customer,

Have the growth of your business and rising labor costs reduced the accuracy of the payroll or revenue shown on your policy? Have increased costs and inflationary trends reduced the protection provided by your policy? Building and Business Personal Property insurance limits, once adequate, may no longer meet today's repair or replacement costs.

To help compensate for these inflationary trends, the limits of insurance for Building and/or Business Personal Property coverages have been increased by a modest percentage. To keep your policy current with rising labor costs and normal business growth, the payroll and/or revenue have also been increased by a modest percentage.

This renewal offer includes the adjusted limits of insurance, payroll, revenue, and premium for your policy. The adjustments are relatively small, and they're based on estimated increases in the past year's construction and repair costs, as well as other inflationary factors, such as rising labor costs and normal business growth.

These increases do not guarantee adequate coverage for any loss; they are based on estimates. It is possible, for example, that updates or improvements to your property or increased sales might cause your individual needs for coverage to be greater than the amount provided by these adjustments. If you have not reviewed your policy recently, the effects of inflationary changes over time create the likelihood that the increases we made are less than the increases you need for optimal coverage.

These changes are made to better serve your insurance needs, and we encourage you to contact your Farmers® agent, who will be pleased to help you with a comprehensive review of your policy.

Acceptance of these changes does not waive the provisions of the coinsurance clause or any other policy clause.

Thank you for choosing Farmers. We appreciate your business.





## Reciprocal Provisions

Applies only if this policy is issued by Truck Insurance Exchange, Farmers Insurance Exchange, or Fire Insurance Exchange.

This policy is made and issued in consideration of your premium payment to us. It is also issued in consideration of the information you gave to us during the application process, some of which is set out in the Declarations, and in consideration of the Subscription Agreement, which is provided to you and is incorporated herein by reference. You acknowledge that you have read, understood, and agree to all the terms and conditions of the Subscription Agreement. Among other things, the Subscription Agreement appoints your Attorney-in-Fact, authorizes your Attorney-in-Fact to execute interinsurance policies between you and other subscribers and to perform various functions, and addresses compensation of the Attorney-in-Fact. Membership fees that you pay as a subscriber are not part of the premium and are not returnable, unless otherwise required by state law.

We hold the Annual Meeting of the members of the Truck Insurance Exchange at our Home Office at Los Angeles, California, on the first Tuesday following the first Monday following the 15th day of March each year at 1:00 p.m. If this policy is issued by Farmers Insurance Exchange, we hold the Annual Meeting of the members of Farmers Insurance Exchange at our Home Office at Los Angeles, California, on the first Monday following the 15th day of March each year at 2:00 pm. If this policy is issued by Fire Insurance Exchange, we hold the Annual Meeting of the members of Fire Insurance Exchange at our Home Office at Los Angeles, California, on the first Monday following the 15th day of March each year at 10:00 a.m. The Board of Governors may elect to change the time and place of the meeting. If they do so, you will be mailed a written or printed notice at your last known address at least ten (10) days before such a time, barring a public safety incident or an emergency situation that would prevent timely notice. Otherwise, no notice will be sent to you.

The Board of Governors shall be chosen by subscribers from among yourselves. This will take place at the Annual Meeting or at any special meeting that is held for that purpose. The Board of Governors shall have full power and authority to establish such rules and regulations for our management as are not inconsistent with the Subscription Agreement.

Your premium for this policy and all payment made for its continuance shall be payable to us at our Home Office or such location named by us in your premium notice.

This policy is non-assessable.

### Policy Fee Provisions

Applies only if this policy is issued by Mid-Century Insurance Company.

If you pay a policy fee it is fully earned when the policy is issued. It is not part of the premium. It is not returnable.

TRUCK INSURANCE EXCHANGE  
By Truck Underwriters Association  
Attorney-in-Fact

FIRE INSURANCE EXCHANGE  
By Fire Underwriters Association  
Attorney-in-Fact

FARMERS INSURANCE EXCHANGE  
By Farmers Underwriters Association  
Attorney-in-Fact

MID-CENTURY INSURANCE COMPANY

A handwritten signature in black ink that reads "Chan Do".

Secretary

A handwritten signature in black ink that appears to read "John P. O'Brien".

President Of Business Insurance