



The Cincinnati Insurance Company

A Stock Insurance Company

Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141

Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496

www.cinfin.com ■ 513-870-2000

PILLAR COMMON POLICY DECLARATIONS

Billing Method: **DIRECT BILL EFT**

Policy Number: **EMO 045 72 05**

Named Insured: **SAN IGNACIO VISTAS, INC.**

Mailing Address: **PO BOX 1150
GREEN VALLEY, AZ 85622-1150**

Principal Address: **1657 W SONORAN VIEW DR
GREEN VALLEY, AZ 85622-5827**

Previous Policy Number: **EMO0457205**

Policy Period: (At 12:01 AM standard time at your principal address shown above.)

FROM: **10-10-2025**

TO: **10-10-2026**

Agency: **THE MAHONEY GROUP - TUCSON 02-072**

City, State: **TUCSON, AZ**

PRODUCER:

Shared Annual Aggregate Limit of Liability: **N/A**

Applicable to all **claims** under the following liability coverage parts:

In return for the payment of the premium and subject to all the terms and conditions of this policy, we agree with you to provide the insurance as stated in this policy.

Forms applicable to all coverage parts:

ML400 01/16 SUMMARY OF PREMIUMS CHARGED

ML101 01/20 GENERAL PROVISIONS

IA4234 01/15 POLICYHOLDER NOTICE TERRORISM INSURANCE COVERAGE

ML4117AZ 04/21 ARIZONA CHANGES - CANCELLATION AND NONRENEWAL

ML458 01/16 CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

IA4486 03/17 NOTICE OF LOSS CONTROL SERVICES- COMMUNITY ASSOCIATIONS
IA4521 03/20 NOTICE OF PRIVACY PRACTICES
IP446 08/01 NOTICE TO POLICYHOLDERS
IA4338 05/24 SIGNATURE ENDORSEMENT
ML4293 04/24 EXTENDED REPORTING PERIOD - DELETION OF TERMINATION CLAUSE
ML384 04/23 AMENDED WAR EXCLUSION

Coverage part declarations:

ML506 01/16 COMMUNITY ASSOCIATION DIRECTORS AND OFFICERS LIABILITY COVERAGE
PART DECLARATIONS
