



## 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](http://www.cinfin.com) ■ 513-870-2000

### PILLAR COMMON POLICY DECLARATIONS

Billing Method: DIRECT BILL EFT

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Policy Number: **EMO 045 72 05**

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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**

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Previous Policy Number: **EMO0457205**

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

**FROM: 10-10-2025**

**TO: 10-10-2026**

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

City, State: **TUCSON, AZ**

**PRODUCER:**

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

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

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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
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