



A FULL SERVICE MANAGEMENT COMPANY

Specializing in Homeowner Associations
Financial Accounting • Asset Management • CC&R Enforcement
Supervision of Pools, Landscaping, Porters • Consulting

Pegasus Airpark Homeowners Association

Dear Board,

April 17, 2024

Metro Property Services appreciates the opportunity to provide our management information for your community. Enclosed is Metro's scope of services for full service property management.

Metro Property Services is a firm that specializes in the management of homeowners associations. One hundred percent (100%) of Metro's business is from association management. All of Metro's business has come from referrals. In addition, Metro continues to manage communities that we started with years ago. We believe that these two facts alone substantiate the level and quality of service that Metro provides to our clients.

Metro Property Services was started in 1989. We currently manage 65 Associations, from condominiums to single-family homes throughout the entire valley including Fountain Hills and Pinal County. We are located at 150 E. Alamo, #3, Chandler, AZ near Arizona Ave. and Elliot.

Metro Property Services is bonded and insured in the state of Arizona. We are bonded by Principal and Western Surety Company (Paul Bruflat – 800-331-6053), and insured with American Family Insurance (Bill Shisler - 480-951-5056). A twenty-four hour seven-day-per-week emergency answering service is available at all times after hours. Metro Property Services is also a member of the Community Association Institute.

Each time we receive a request or notice an architectural change in progress, it is logged and followed. Owner files are documented and copies of all requests and submissions are brought to meetings of the Board. In addition, Board packets contain complete financials including reconciled bank statements, copies of bids as requested, minutes, agenda, etc.

All of our managers have experience in Association management and are working to further advance their designations. One of our managers will be assigned to your property and will establish immediate communication with you and other members of the Board as well as with the community. I will let you know which manager that will be.

While all associations will accrue postage, copies and other miscellaneous monthly charges, we have tried to include as much as possible in the monthly management fee. This decreases the



amount of extras that are added on to your bill each month. Please note that our extra charges are minimal compared to others in the industry.

We understand the close daily supervision that is required for an Association to be successful. Most importantly, we understand and can provide the high level of service and responsiveness that is required to assist in maintaining property values for the future.

Again, we thank you for the opportunity to give you information on our company. Please call me if I can be of any further assistance.

Respectfully,

A handwritten signature in black ink, appearing to read "Mitch Kellogg". The signature is written in a cursive style with a large, sweeping flourish at the end.

Mitch Kellogg
President
Metro Property Services

METRO PROPERTY SERVICES
AGREEMENT FOR
PEGASUS AIRPARK HOMEOWNERS ASSOCIATION

Metro Property Services (Metro) will provide services for Pegasus Airpark Homeowners Association (the Association) as follows:

- A. Establish a system for keeping the corporate records for the Association.
- B. Establish the authenticity of all bills presented to the Association and pay them from the Association checking account.
- C. Act in conjunction with the Association to ensure that all of the duties of the Board of Directors are accomplished.
- D. Enforce the Declaration of Covenants, Conditions and Restrictions (CC&R's) at the Direction of the Board of Directors.
- E. Develop logical rules for approval by the Board.
- F. Prepare for the annual meeting of the membership.
- G. Prepare an annual operating budget prior to November 20th each year for Board approval.
- H. Prepare and deliver to the Board a monthly financial statement including bank statements.
- I. Receive all assessments. Send late notices (at no charge to the Association), enforce fees, and record liens when necessary for non-payment. The Board authorizes the legal document preparer for Metro to prepare and record the lien.
- J. Establish a line of communication with all members so that members will contact Metro pertaining to Association matters. Respond to member's questions, suggestions, and complaints to the satisfaction of owners when logical and practical.
- K. Correspond with members as needed.
- L. Monitor performance of the Association vendors, including the landscaper, pool vendor, gate company, etc.
- M. Advise the actions of the various committees through direct contact with the chairman.
- N. Execute the filing of the annual tax return, Corporation Commission report and audit, to be performed by an independent CPA at the Associations expense.

PAGE TWO

O. Metro Property Services will be listed as additionally insured on the Association insurance policy.

P. Attend monthly Board of Directors meetings and the Annual meeting of the Members.

Q. Perform property inspections monthly.

Pegasus Airpark Homeowners Association agrees to indemnify, defend and hold harmless Metro Property Services, its agents and employees from all claims, damages, judgments and fees arising from this Agreement.

The charge for the above management services will be \$1,500.00 per month and may be increased 4% per year after approval by the Board of Directors.

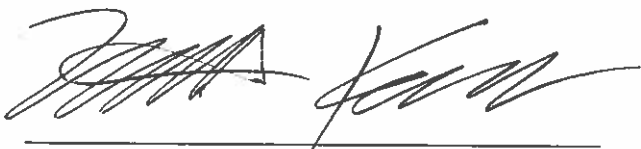
Upon the signing by designated representatives of the Association and Metro, as indicated below, this proposal becomes an agreement.

The agreement will be continuous and may be canceled upon sixty (60) day written notice by either party, with or without cause, or may be amended by agreement among all parties.

The effective date of this proposal is _____, 2024.

The above proposal is accepted as an agreement.

Pegasus Airpark Homeowners Association



Metro Property Services


Metro Property Services, Inc.
150 E. Alamo Dr., #3
Chandler, AZ 85225
(480) 967-7182

Fee Schedule:
Management Contract

- * Lien filing \$150.00 to place lien (reimbursed to Assoc. by homeowner. Includes removal of lien)
- * Postage Paid by receipt for direct reimbursement only
- * Coupon booklets Approx. \$3 per book
- * Copies \$0.15 per page
- * Envelopes No charge
- * Faxes No charge
- * Year-end change of books \$25 at end of year
- * NSF checks Homeowner pays bank charge on all NSF notices.
- * Archive storage \$5 per box per month – max. \$30 per mo.
- * Additional meetings \$75 per hour
- * Insurance Claims work 10% of total cost of claim
- * Start up fee None
- * Corp. Commission \$50 per year
Electronic filing
- * Process vendor 1099's \$10 each

Pegasus Airpark Homeowners Association Signature

Date



Metro Property Services
Signature

Date

Items not charged for: labels, envelopes, faxes, late letters, second late letters, lien letters, violation notices, homeowner correspondence, Spanish language translation



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/15/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Shisler & Associates Insurance, Inc 8124 E CACTUS RD STE 420 SCOTTSDALE AZ 85260 (480) 951-5056 (142/413)	CONTACT NAME Chaise Colwell PHONE A/C No. Extn. (480) 951-5056 E-MAIL ADDRESS ccolwell@amfam.com	FAX (A/C No.) (855) 458-6691
	INSURER(S) AFFORDING COVERAGE	
INSURED Metro Property Services 150 E Alamo Dr Ste 3 Chandler, AZ 85225	INSURER A American Family Mutual Insurance Company S.I	NAIC # 19275
	INSURER B Midvale Indemnity Company	NAIC # 27138
	INSURER C USLI	NAIC # 25895
	INSURER D	
	INSURER E	
	INSURER F	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CA00001529	09/01/2023	09/01/2024	BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 BODILY INJURY \$ \$
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	Y	02-X07022-06	02/23/2023	02/23/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
C	Property Manager E & O			PM15508281	02/26/2023	02/26/2024	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Arizona Corporate Plaza, LLC, MIG Real Estate and Cushman & Wakefield U.S. Inc are listed as additional insured in regards to the General Liability policy. Waiver of Subrogation applies.

CERTIFICATE HOLDER	CANCELLATION
ARIZONA CORPORATE PLAZA, LLC C/O CUSHMAN & WAKEFIELD U.S., INC ASSEST SERVICES 2555 E CAMELBACK RD, SUITE 400 PHOENIX, AZ 85016	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Chaise Colwell



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/02/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AUTOMATIC DATA PROCESSING INS AGCY 76250717 71 HANOVER ROAD FLORHAM PARK NJ 07932	CONTACT NAME:	
	PHONE (800) 524-7024 (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC#
INSURER A : Hartford Fire Insurance Company		19682
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		
INSURED METRO PROPERTY SERVICES 150 E ALAMO DR CHANDLER AZ 85225-1222		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER.						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMPIOP AGG
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	76 WEG DD5261	05/01/2023	05/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH. ER E.L EACH ACCIDENT \$1,000,000 E.L DISEASE -EA EMPLOYEE \$1,000,000 E.L DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Those usual to the Insured's Operations.

CERTIFICATE HOLDER

Linda Kellogg
150 East Alamo Drive
Chandler AZ 85225

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Susan S. Castaneda