

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/12/2023

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 have ADDITIONAL INSURED provisions or 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)

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PRODUCER	CONTACT NAME: Stephanie Schaffroth								
Stephanie Schaffroth(880635N) 34225 N 27th Dr Ste 112	PHONE (A/C, NO, EXT): 480-483-6221	FAX (A/C, NO): 480-922-7280							
Phoenix AZ 85085-6088	E-MAIL ADDRESS: sschaffroth@farmersagent.com								
	INSURER(S) AFFORDING CO	NAIC#							
INSURED	INSURER A: Truck Insurance Exchange	21709							
PAGES LAG COLUNA A METOLUBORILOS	INSURER B: Farmers Insurance Exchang	21652							
PASEO LAS COLINAS NEIGHBORHOO	INSURER C: Mid Century Insurance Com	21687							
VISION COMMUNITY MANAGEMENT	INSURER D:								
16625 S. DESERT FOOTHILLS PKWY PHOENIX AZ 85048	INSURER E:								
PHOENIX AZ 85048	INSURER F:								
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COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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		Т	YPE OF I	NSURA	NCE	ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	X	COMMERCIAL GENERAL LIABILITY								EACH OCCURRENCE	\$	1,000,000	
		CLA	AIMS-MA	DE	X OCCUR						DAMAGE TO RENTED PREMISES (Ea Occurrence	\$	75,000
											MED EXP (Any one persor	1) \$	5,000
Α					Y	N	606630350	10/10/2023	10/10/2024	PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:										GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PROJECT LOC									PRODUCTS - COMP/OP A	GG \$	1,000,000
		OTHER:										\$	
	AU	AUTOMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO									BODILY INJURY (Per perso	n) \$	
Α		OWNED AUTOS SCHEDULED AUTOS			N	606630350	10/10/2023	10/10/2024	BODILY INJURY (Per accident)				
		HIRED AUTOS X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)				
												\$	
		UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE								EACH OCCURRENCE	\$		
					CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY										PER STATUTE OTHI	ER \$	
			ROPRIETOR/PARTNER/ ITIVE OFFICER / MEMBER N/A		Y/N N/A				E.L. EACH ACCIDENT				
	EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)										E.L. DISEASE - EA EMPLO	EE \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - POLICY LIMIT			
DESCF 6400	RIPTIO	ON OF OPI OMAX RI	eration D, SCC	IS/LOC DTTSD	ations/vehicle ALE, AZ 8526	ES (ACORD	101, Add	itional Remarks Schedule, may be a	nttached if more spa	ce is required)		,	

CERTIFICATE HOLDER CANCELLATION

VISION COMMUNITY MANAGEMENT 16625 S DESERT FOOTHILLS PKWY SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

PHOENIX AZ 85048

AUTHORIZED REPRESENTATIVE Stephanie Schaffroth