

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ON	LY AND CONFERS	NO RIGHTS	UPON THE CERTIFICAT		.DER. 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			-			
PRODUCER Crest Insurance Group, LLC		NAME: Michelle Gallegos				
5285 E. Williams Circle Suite 4500	PHONE (A/C, No, Ext): 888-881-5765 FAX (A/C, No): 520-325-3757					
Tucson AZ 85711	E-MAIL ADDRESS: mgallegos@crestins.com					
	IN	SURER(S) AFFO	RDING COVERAGE		NAIC #	
License#: 9670					18988	
INSURED RANCREI- Rancho Reina Homeowners Association	INSURER B :					
c/o Vision Community Management	INSURER C :					
16625 S Desert Foothills Parkway	INSURER D :					
Phoenix AZ 85048	INSURER E :					
	INSURER F :					
COVERAGES CERTIFICATE NUMBER: 1548716162 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 ADDL SUBR LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A X COMMERCIAL GENERAL LIABILITY 45177161	1/5/2024	1/5/2025	EACH OCCURRENCE	\$ 1,000 \$ 300,0	,	
			PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 10,00		
			PERSONAL & ADV INJURY	\$ 1,000		
GEN'L AGGREGATE LIMIT APPLIES PER:			GENERAL AGGREGATE	\$ 2,000		
			PRODUCTS - COMP/OP AGG	\$ 2,000	,	
X OTHER: Hired/NonOwned			Limit \$1,000,000			
AUTOMOBILE LIABILITY			COMBINED SINGLE LIMIT (Ea accident)			
ANY AUTO			BODILY INJURY (Per person)	\$		
OWNED AUTOS ONLY SCHEDULED AUTOS			BODILY INJURY (Per accident)	\$		
AUTOS ONLY NON-OWNED AUTOS ONLY AUTOS ONLY			PROPERTY DAMAGE (Per accident)	\$		
				\$		
UMBRELLA LIAB OCCUR			EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE			AGGREGATE	\$		
DED RETENTION \$				\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			PER OTH- STATUTE ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE N/A			E.L. EACH ACCIDENT	\$		
(Mandatory in NH)			E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Sche Evidence of Insurance. This form is subject to all policy forms, terms, endorse	dule, may be attached if more ments, conditions defined the second structure of the second structure	re space is requir nitions & exclu	ed) Isions			
Vision Community Management is included as additional insured.						
CERTIFICATE HOLDER CANCELLATION						
Vision Community Management	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
16625 S Desert Foothills Pkwy	AUTHORIZED REPRESE	AUTHORIZED REPRESENTATIVE				
Phoenix AZ 85048						
	Cody R:	rcal				
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