SHADMOU-01

DMAH



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/27/2023

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). | | | | | | | | | statement on | | |
|---|---|--|------|---|--------------------------------------|---|----------------------------|---|--------------|--------------|--|
| PRODUCER | | | | | | CONTACT NAME: | | | | | |
| Soche | Insurance Agency, Inc. toneridge Drive, Suite 403 | | | PHONE (A/C, No, Ext): (877) 317-9300 FAX (A/C, No): (877) 3 | | | |) 317-9305 | | | |
| Pleasanton, CA 94588 | | | | | | E-MAIL ADDRESS: info@hoainsurance.net | | | | | |
| | | | | | | INSURER(S) AFFORDING COVERAGE | | | | NAIC # | |
| | | | | | | INSURER A: Everspan Indemnity Insurance Company | | | | | |
| INSURED | | | | | INSURER B: Federal Insurance Company | | | | | | |
| Shadow Mountain Villas Condominium Association Vision Community Management 16625 S Desert Foothills Pkwy Phoenix, AZ 85048 | | | | | | INSURER C: Continental Casualty Company | | | | | |
| | | | | | | INSURER D: | | | | | |
| | | | | | | INSURER E : | | | | | |
| | | | | | | INSURER F: | | | | | |
| 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 | | | | | | | | | | | |
| | FIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH | | | | | | | | T TO AL | L THE TERMS, | |
| NSR LTR | TYPE OF INSURANCE | | SUBR | | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LI | MITS | | |
| A) | COMMERCIAL GENERAL LIABILITY | | | | | • | ,, | EACH OCCURRENCE | \$ | 1,000,000 | |
| | CLAIMS-MADE X OCCUR | | | LB1EII00011801 | | 12/26/2023 | 12/26/2024 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 300,000 | |
| | _ _ | | | | | | | | | 5 000 | |

| INSR LTR | | TYPE OF INSURANCE | ADDL INSD | SUBR | POLICY NUMBER | POLICY EFF | POLICY EXP (MM/DD/YYYY) | LIMIT | s | |
|-------------|---|--|--------------|------|---|-------------------|----------------------------|---|----|-----------|
| A | Х | COMMERCIAL GENERAL LIABILITY | IIIOD | **** | | (WINVESTITION) | (MINIODITITI) | EACH OCCURRENCE | \$ | 1,000,000 |
| | | CLAIMS-MADE X OCCUR | | | LB1EII00011801 | 12/26/2023 | 12/26/2024 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 300,000 |
| | | | | | | | | MED EXP (Any one person) | \$ | 5,000 |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | GEN | I'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | | POLICY PRO- JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 |
| | | OTHER: | | | | | | | \$ | |
| Α | AUT | OMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 |
| | | ANY AUTO | | | LB1EII00011801 | 12/26/2023 | 12/26/2024 | BODILY INJURY (Per person) | \$ | |
| | | OWNED SCHEDULED AUTOS ONLY | | | | | | BODILY INJURY (Per accident) | \$ | |
| | X | HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | | | \$ | |
| В | Χ | UMBRELLA LIAB X OCCUR | | | | | | EACH OCCURRENCE | \$ | 1,000,000 |
| | | EXCESS LIAB CLAIMS-MADE | | | TBD UMB | 12/26/2023 | 12/26/2024 | AGGREGATE | \$ | 1,000,000 |
| | | DED X RETENTION\$ 0 | | | | | | | \$ | |
| | WOR | KERS COMPENSATION EMPLOYERS' LIABILITY | | | | | | PER OTH- STATUTE ER | · | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | N/A | | | | | E.L. EACH ACCIDENT | \$ | |
| | (Man | datory in NH) | Ι, Α | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | |
| | | , describe under CRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | |
| С | Dire | ectors & Officers | | | TBD CPDO | 12/26/2023 | 12/26/2024 | Ded: 1,000 | | 1,000,000 |
| | | | | | | | | | | |
| DESC | PIDT | ION OF OPERATIONS / LOCATIONS / VEHIC | IES /A | COPD | 1101 Additional Domarks Schodulo, may b | a attached if mor | ro enaco le roquir | ad) | | |

Please see Certificate of Property, Acord 24, for property values.

| CERTIFICATE HOLDER | CANCELLATION |
|---------------------------------|--|
| For Informational Purposes Only | 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 |