

KYLESTOCKING



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/4/2023

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).

tł	is certificate does not confer rights t							require air ena	Ol Selliell	A 3	atement on	
	DUCER				CONTA NAME:	.CT						
NFP Property & Casualty Services, Inc. 214 E Birch Avenue						PHONE (A/C, No, Ext): (928) 774-3345 FAX (A/C, No): (928)					779-4561	
Flagstaff, AZ 86001					E-MAIL ADDRE				, , ,			
Ī	•				INSURER(S) AFFORDING COVERAGE						NAIC#	
						INSURER A : Auto-Owners Insurance Company					18988	
INSURED Rockridge West Homeowners Association						INSURER B:						
						INSURER C:						
c/o Vision Community Management					INSURER D :							
16625 S Desert Foothills Pkwy Phoenix, AZ 85048 COVERAGES CERTIFICATE NUMBER:						RE:						
						INSURER F:						
						REVISION NUMBER:						
	HIS IS TO CERTIFY THAT THE POLICI				HΔ\/F R	EEN ISSUED				HE PO	LICY PERIOD	
١N	IDICATED. NOTWITHSTANDING ANY F	REQU	IREMI	ENT, TERM OR CONDITION	N OF A	ANY CONTRA	CT OR OTHER	R DOCUMENT WIT	TH RESPE	CT TO	WHICH THIS	
	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH							ED HEREIN IS S	UBJECT T	O ALL	THE TERMS,	
INSR TYPE OF INGUENANCE			ADDL SUBR			POLICY EFF POLICY EXP						
A A	X COMMERCIAL GENERAL LIABILITY	INSD V	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		1,000,000		
^	CLAIMS-MADE X OCCUR			45004470		44/46/2022	44/40/0004			\$	50,000	
	CLAIIVIS-IVIADE X OCCUR	X		45224173		11/16/2023	11/16/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)		\$	5,000	
								` , , , , , , , , , , , , , , , , , , ,		\$	1,000,000	
								PERSONAL & ADV	INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000	
	POLICY PRO- LOC							PRODUCTS - COM	P/OP AGG	\$	2,000,000	
	OTHER: General Aggregate							COMBINED SINGLE	= I IMIT	\$		
	AUTOMOBILE LIABILITY							(Ea accident)	_ LIIVII I	\$		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (P	er person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (P		\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	3E	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$							1050	0.711	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	NT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA	EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POI	LICY LIMIT	\$		
Α	Directors & Officers			45224173		11/16/2023	11/16/2024				1,000,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	D 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)				
KE:	1057 W Beal Rd, Flagstaff, AZ 86001											
Visi	on Community Management is addition	al ins	ured	with respects to General L	iability	,						
CERTIFICATE HOLDER						CANCELLATION						
OEKTH JOHIE HOLDER						O. III DEED TO III						
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						
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		Lev And										