ACORD [®] CERTIFICATE OF LIABILITY INSURANCE								NCE	DATE (MM/DD/YYYY) 04/09/2024			
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).												
PRO	DUCE	R CLARK SANCHEZ		. ,		CONTACT NAME: MARGARITA A SANDERS						
STATE FARM INSURANCE						PHONE (A/C, No, Ext): 602-277-2655 EXT 207 (A/C, No): 602-241-0702						
1555 E GI ENDALE AVE					ADDRESS: MARGARITA@CLARKSANCHEZ.COM							
	PHOENIX AZ 85020				INSURER(S) AFFORDING COVERAGE					NAIC #		
\vdash		j 110210772 00020					INSURER A : State Farm Fire and Casualty Company				25143	
INSU	MOUNTAIN VIEW ESTATES HOA			A	INSURER B :							
C/O VISION COMMUNITY			ΓY Ν									
16625 S DESERT FOOT			HIL	LS F	PKWY							
PHOENIX AZ 85048						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 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		SUBR WVD	POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMIT			ITS			
A		NERAL LIABILITY			93-GK-3013-1F		04/10/2024	04/10/2025	EACH OCCURRENCE	\$	2,000,000	
	×	COMMERCIAL GENERAL LIABILITY	Ľ						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
		CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	10,000	
									PERSONAL & ADV INJURY	\$		
	$ \times $	\$1000 DEDUCTIBLE							GENERAL AGGREGATE	\$	4,000,000	
									PRODUCTS - COMP/OP AGO		4,000,000	
	AU								COMBINED SINGLE LIMIT	\$		
									(Ea accident) BODILY INJURY (Per person)	\$		
		ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per acciden	Ψ		
		HIRED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
										\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
		DED RETENTION \$							WC STATU- OTH	\$		
	AN	RKERS COMPENSATION D EMPLOYERS' LIABILITY Y / N							TORY LIMITS ER	·		
	OF	PROPRIETOR/PARTNER/EXECUTIVE	N / A						E.L. EACH ACCIDENT	\$		
	İfye	Indatory in NH)							E.L. DISEASE - EA EMPLOYE			
A		SCRIPTION OF OPERATIONS below ECTORS AND OFFICERS LIABILITY							E.L. DISEASE - POLICY LIMIT \$2,000,000	<u></u> Ф		
					93-GK-3013-1F		04/10/2024	04/10/2025	EMPLOYEE DISHONESTY \$2 AUX BUILDING \$144,300	5,000		
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)											
	DPE	RTY LOCATION: 4828 E MOUNTA	N V	IEW	RD							
		PARADISE VALL										
-		UNITS 56										
		COMMOM AREAS POLICY - INSU ITOWNERS MUST OBTAIN A HOM								ERIMET	ER WALLS.	
		TOWNERS MUST OBTAIN A HOW	IEOV		S FOLICT TO COVERAG		DING, FERS					
	יידם					C A 1/2						
	RIII	FICATE HOLDER			CANCELLATION							
INFORMATION 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						