Policy Number: 606799719, 79943218, BDWH263201

## CERTIFICATE OF LIABILITY INSURANCE

Date Entered: 07/19/2022

DATE (MM/DD/YYYY) 7/19/2022

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).

PRODUCER	Cox Insurance Services 10607 N. Frank Lloyd Wright Blvd Suite 101	CONTACT Melissa Mullins PHONE (A/C, No. Ext): (480) 907-6000  E-MAIL ADDRESS: Certificate@coxinsurance.net				
	Scottsdale, AZ 85259	INSURER(S) AFFORDING COVERAGE	NAIC#			
		I INSURER A.	21709			
INSURED		INSURER B: McGowan Program Administrators				
	Community Management	INSURER C: HANOVER				
	16625 S. Desert Foothills Pkwy.	INSURER D:				
	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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADDL S		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
A	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$1,000,000	
	CLAIMS-MADE OCCUR	$ \times $	606799719	7/19/2022	7/19/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$75,000	
	∑ D&O \$2,000,000					MED EXP (Any one person)	\$5,000	
	DED \$1,000					PERSONAL & ADV INJURY	\$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000	
	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$1,000,000	
	OTHER:						\$	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
A	ANY AUTO		606799719	7/19/2022	7/19/2023	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
В	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$5,000,000	
	EXCESS LIAB CLAIMS-MADE		79943218	7/19/2022	7/19/2023	AGGREGATE	\$5,000,000	
	DED RETENTION \$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT	\$	
						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
A	EMPLOYEE DISHONESTY		606799719	07/19/2022	07/19/2023	DED \$5,000	\$1,000,000	
С	XS CRIME EMPL DISH.		BDWH263201	07/19/2022	07/19/2023	DED NONE	\$1,350,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \*30 DAY WRITTEN NOTICE OF CANCELLATION REQUIRED PRIOR TO CANCELLATION \*

Vision Community Management is listed as an Additional Insured

CERTIFICATE HOLDER	CANCELLATION			
Vision Community Management				
3048 W Glenhaven Dr.	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 85045				
1	AUTHORIZED REPRESENTATIVE  Wally Co.			