



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/14/2022

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 Neate Dupey Insurance Group 8700 E. Vista Bonita Dr. Suite 270 Scottsdale AZ 85255		CONTACT NAME: Dee Dungan PHONE (A/C, No, Ext): (480) 391-3000 E-MAIL ADDRESS: Dee@neatedupey.com FAX (A/C, No):	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: HARTFORD UNDERWRITERS INS CO	NAIC # 30104
		INSURER B: GREAT AMERICAN ALLIANCE INS CO	26832
		INSURER C:	
		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 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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			59SBAAT6EC3	09/16/2022	09/16/2023	EACH OCCURRENCE	\$ 2,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$ 10,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 2,000,000	
	<input checked="" type="checkbox"/> OTHER: Building coverage RC						GENERAL AGGREGATE	\$ 4,000,000	
							PRODUCTS - COMP/OP AGG	\$ 4,000,000	
							Bldg Limit (\$5,000 ded)	\$ 12,444,300	
A	AUTOMOBILE LIABILITY			59SBAAT6EC3	09/16/2022	09/16/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$		
	UMBRELLA LIAB						EACH OCCURRENCE	\$	
	EXCESS LIAB						AGGREGATE	\$	
	DED	RETENTION \$					\$	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	
B	Directors and Officers			EPPE791009 00	09/16/2022	09/16/2023	D&O (\$5,000 ded)	\$1,000,000	
	Employee Dishonesty						Empl Dishonesty (\$1K d	\$50,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Location : 8333 E via Paseo Del Norte, Scottsdale, AZ 85258-3829
 Building Limit \$ 12,444,300 - \$5,000 deductible, Special Form, Replacement Cost coverage, No co-insurance.
 10 Buildings, 36 Units, Management company included as additional insured on Directors and Officers, General Liability and Employee Dishonesty. Policy includes severability coverage, Building Ordinance coverage A- Building limit, B&C \$250,000.
 30 day notice of cancellation applies.

CERTIFICATE HOLDER **CANCELLATION**

Vision Community Management 16625 S Desert Foothills Pkwy Phoenix AZ 85048	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 <i>Scott Shirley</i>
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8700 E Vista Bonita Dr #270 Scottsdale, AZ 85255
Phone (480) 391 3000 scott@neatedupey.com

Veritas at McCormick Ranch Condominium Association master insurance policy coverage

Key information regarding the Associations insurance policy

The Hartford Insurance Company is the company of record for the master insurance policy.

PROPERTY insurance on the general common elements and units are covered. Special form replacement cost coverage applies. Policy written as per CCR requirements.

LIABILITY insurance; \$2,000,000 with Hartford Insurance.
DIRECTORS & OFFICERS coverage; \$1,000,000 with Great American Insurance.
FIDELITY BOND \$50,000 with Hartford Insurance.

The master insurance policy property deductible is \$5,000.00
CLAIMS MUST BE FILED THROUGH THE PROPERTY MANAGEMENT COMPANY.

Unit owner's insurance needs.

Note: Unit owner's personal property and personal liability within the unit is not covered under the master policy. Coverage's follow the language of the CCR's.

You need an individual Condominium owner's policy to pick up coverage for your personal property and personal liability, which is known as an HO6 policy. Contact your personal insurance agent or our office to make sure you are adequately insured. Neate Dupey Personal lines Nicole Gudgell 480 391 3000

To request evidence of insurance for a lender please email request to:
clientservices@neatedupey.com / dee@neatedupey.com

Note: this is intended to provide a summary of insurance. This is not a policy. In all cases the declarations, terms, conditions, and exclusions of the actual policy will apply