

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

TOWNATM-01

NSMITH

					FICATE OF LIA			DURAN		1	0/14/2022
C B	ERT ELC	CERTIFICATE IS ISSUED AS A TIFICATE DOES NOT AFFIRMAT DW. THIS CERTIFICATE OF INS RESENTATIVE OR PRODUCER, A	IVEL SURA	Y OI	R NEGATIVELY AMEND, E DOES NOT CONSTITU	EXTE	ND OR ALT	FER THE CO	OVERAGE AFFORDE	О ВҮТ	HE POLICIES
lf	SU	RTANT: If the certificate holde BROGATION IS WAIVED, subject vertificate does not confer rights to	ct to	the	terms and conditions of	the po	licy, certain	policies may			
PRO		· · · · · · · · · · · · · · · · · · ·				CONTA NAME:		·			
The	The Mahoney Group - Phoenix 20333 North 19th Avenue, Suite 200					PHONE (A/C, No, Ext): (623) 215-1300 FAX (A/C, No): (623)) 215-1333
Phoenix, AZ 85027					E-MAIL ADDRESS:						
						INSURER(S) AFFORDING COVERAGE					NAIC #
							INSURER A : Owners Insurance Company				
INSU	RED	Touris and Manufactor On			•	INSURER B : Cincinnati Insurance Company					10677
	Townhomes at Mountain Spr c/o Vision Community Manag				A	INSURER C :					
		16625 S Desert Foothills Pk				INSURER D :					
		Phoenix, AZ 85048				INSURER E :					
						INSURE	ERF:				
					E NUMBER:				REVISION NUMBER		
IN Cl	DIC. ERT	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	EQUI PER	REM TAIN	ENT, TERM OR CONDITION , THE INSURANCE AFFORE	N OF A	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RES	PECT T	O WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LI	NITS	
Α	Х	COMMERCIAL GENERAL LIABILITY					,		EACH OCCURRENCE	\$	1,000,00
		CLAIMS-MADE X OCCUR	х		45206330		10/16/2022	10/16/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
									MED EXP (Any one person)	\$	10,00
									PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:							GENERAL AGGREGATE	\$	2,000,000
									PRODUCTS - COMP/OP AG	G\$	2,000,000
		OTHER:								\$	
Α	AU.	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO			45206330		10/16/2022	10/16/2023	BODILY INJURY (Per persor) \$	
		OWNED AUTOS ONLY							BODILY INJURY (Per accide	nt) \$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
										\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE	-						AGGREGATE	\$	
		DED RETENTION \$							PER OTH	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N								STATUTE ER	-	
	ANY QFF	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
									E.L. DISEASE - EA EMPLOY	EE \$	
If yes, describe under DESCRIPTION OF OPERATIONS below EMO 0561723 B Directors & Officers X EMO 0561723			EMO 0561722		10/16/2022	10/16/2022	E.L. DISEASE - POLICY LIN	IT \$	1 000 000		
B	Crime				EMO 0561722				3 1,000 Deductible		1,000,000 25,000
Α					45206330		10/16/2022 10/16/2	10/10/2023	23 1,000 Deductible		25,000
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC VPolicy #45206330: Property Limit:	LES (A	ACORI	D 101, Additional Remarks Schedu	le, may b	e attached if mo	re space is requi	red) St.		
Jun			<i></i> ,								
Cove	erag	e applies to common area only and	does	s not	extend to individual home	s or res	sidential dwe	llings.			

 CERTIFICATE HOLDER
 CANCELLATION

 Vision Community Management
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE

 16625 S. Desert Foothills Pkwy
 THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN
ACCORDANCE WITH THE POLICY PROVISIONS.

 AUTHORIZED REPRESENTATIVE
 AUTHORIZED REPRESENTATIVE

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