

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

| IMPORTANT: If the cartificate holder is an ADDITIONAL INSURED, the policy/ies) must have ADDITIONAL INSURED provisions or he endorsed. If SURPOGATION IS WAIVED, subject to the terms and |
|---|
| AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.  |
| 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),                          |
| 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                       |

|           | may require an endorsement. A statement on this certific |                               |          |                 |  |
|-----------|--|-------------------------------|----------|-----------------|--|
| PRODUCER  |  | CONTACT<br>NAME:              |          |                 |  |
|           |  | PHONE<br>(A/C, NO, EXT):      |          | AX<br>A/C, NO): |  |
|           |  | E-MAIL<br>ADDRESS:            |          |                 |  |
|           |  | INSURER(S) AFFORDING COVERAGE |          | NAIC #          |  |
| INSURED   |  | INSURER A:                    |          |                 |  |
|           |  | INSURER B:                    |          |                 |  |
|           |  | INSURER C:                    |          |                 |  |
|           |  | INSURER D:                    |          |                 |  |
|           |  | INSURER E:                    |          |                 |  |
|           |  | INSURER F:                    |          |                 |  |
| COVERAGES | CERTIFICATE NUMBER:                                      |                               | REVISION | NUMBER:         |  |

COVERAGES

## CERTIFICATE NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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 SUBR ADDTL POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER LIMITS LTR INSD WVD (MM/DD/YYYY) (MM/DD/YYYY) COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE ¢ DAMAGE TO RENTED CLAIMS-MADE OCCUR \$ PREMISES (Ea Occurrence) MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE POLICY PROJECT LOC PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY (Ea accident) BODILY INJURY (Per person) ANY AUTO \$ OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) \$ ONLY AUTOS HIRED AUTOS NON-OWNED PROPERTY DAMAGE \$ AUTOS ONLY ONLY (Per accident) \$ EACH OCCURRENCE UMBRELLA LIAB OCCUR \$ EXCESS LIAB CLAIMS-MADE AGGREGATE \$ DED **RETENTION \$** ¢ WORKERS COMPENSATION PER OTHER \$ STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ E.L. EACH ACCIDENT \$ Y/N N/A EXECUTIVE OFFICER/MEMBER E.L. DISEASE - EA EMPLOYEE EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF E.L. DISEASE - POLICY LIMIT \$ OPERATIONS below

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

CERTIFICATE HOLDER

CANCELLATION

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 C

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June 27<sup>th</sup>, 2022

Association Member:

We provide the Pioneer Valley insurance policy and appreciate the opportunity to serve you. Our goal is for you to understand the protection it provides.

## **Policy Information\*\***

| Effective Date:    | June 26, 2022 | Interior Coverage: | NOT Included |
|--------------------|---------------|--------------------|--------------|
| Building Coverage: | NOT Included  | Deductible:        | n/a          |

This policy, according to association CCR, only protects the common areas of the association. It does NOT provide property coverage for any portion of an owners' home.\*\*

We recommend you obtain a personal homeowners insurance policy for your entire structure and personal liability. Your policy should include coverages for your entire structure, personal property, loss assessment coverage, personal liability and any other coverage you deem prudent.

If you would like a customized proposal, please contact us at your convenience.

We appreciate your business.

Sincerely,

Dan Hakes

Your Financial Services Agent

\*\* The above coverage descriptions are for informational purposes only and do not change the language of the policy in any way.

> 928.226.1611 p 928.226.7007 f 2501 N. 4<sup>th</sup> St, Ste 3 Flagstaff, AZ 86004 www.danhakesagency.com