

Policy Number: 606775392

## Date Entered: 12/27/2021

DATE (MM/DD/YYYY) CERTIFICATE OF LIABILITY INSURANCE 12/27/2021

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)

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PRODUCER	Cox Insurance Services	CONTACT Michelle Cortes				
		PHONE (A/C, No, Ext): (480) 907-6000 FAX (A/C, No): (480) 664-8275  E-MAIL ADDRESS: Certificate@coxinsurance.net				
	10607 N. Frank Lloyd Wright Blvd					
	Suite 101					
	0 11 11 25 05050	INSURER(S) AFFORDING COVERAGE	NAIC #			
	Scottsdale, AZ 85259	INSURER A: Mid-Century Insurance Company	21687			
INSURED	Stonebridge Gardens, Inc.	INSURER B: AMTRUST				
	C/O Vision Community Management	INSURER C:				
	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 BEI	OW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE PO	ICY 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.

INSI		ADDL SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED	\$2,000,000
	CLAIMS-MADE OCCUR	$\times$	606775392	1/1/2022	1/1/2023	PREMISES (Ea occurrence)	<sub>\$</sub> 75,000
	D&O- \$2,000,000					MED EXP (Any one person)	<sub>\$</sub> 5,000
	DED- \$1,000					PERSONAL & ADV INJURY	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	<b>\$4,000,000</b>
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:						\$
A	AUTOMOBILE LIABILITY		606775392	1/1/2022	1/1/2023	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			1/1/2022	1/1/2023	PER OTH- STATUTE ER	
В	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	TWC4048093			E.L. EACH ACCIDENT	<pre>\$1,000,000</pre>
						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
						E.L. DISEASE - POLICY LIMIT	<sub>\$</sub> 1,000,000
A	Employee Dishonesty		606775392	1/1/2022	1/1/2023	\$2,500	\$400,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 30 days written notice of cancelation is required prior to cancellation

Vision Community Management is listed as an Additional Insured.

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  Wally Company  AUTHORIZED REPRESENTATIVE			