



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/11/2022

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).

<b>PRODUCER</b>		<b>CONTACT NAME:</b> CERT REQUEST TEAM	
Russo and Associates Services Inc.		<b>PHONE (A/C, No, Ext):</b> (480) 756-6671	<b>FAX (A/C, No):</b> (480) 756-6671
5777 South Rural Road		<b>E-MAIL ADDRESS:</b> TempeOffice@BRinsured.com	
Suite 6		<b>INSURER(S) AFFORDING COVERAGE</b>	
Tempe AZ 85283		<b>INSURER A:</b> PHILADELPHIA INDEMNIT INS CO	
<b>INSURED</b>		<b>INSURER B:</b>	
VILLAS LAS PALMAS HOA		<b>INSURER C:</b>	
42 S HAMILTON PL 101		<b>INSURER D:</b>	
GILBERT AZ 85233		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	Y	PHPK2273799	07/14/2022	07/14/2023	EACH OCCURRENCE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: D&O POLICY 618860338						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
							D&O LIMIT	\$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	PHPK2273799	07/14/2022	07/14/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	BLANKET PROP - SPECIAL FORM ***NO RESIDENTIAL BUILDING COVERAGE***	Y	Y	PHPK2273799	07/14/2022	07/14/2023	BLANKET LIMIT 001	428,000
							DEDUCTIBLE	2,500

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

See ACORD 101

**CERTIFICATE HOLDER** **CANCELLATION**

VISION COMMUNITY MANAGEMENT  16625 S DESERT FOOTHILLS PARKWAY  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>Barry Keime</i>

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## ADDITIONAL REMARKS SCHEDULE

AGENCY Russo and Associates Services Inc.		NAMED INSURED VILLAS LAS PALMAS HOA	
POLICY NUMBER PHPK2273799		EFFECTIVE DATE:	
CARRIER Philadelphia Ins Co.	NAIC CODE	(Empty)	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25      **FORM TITLE:** Certificate Of Liability Insurance

175 TOWNHOMES - THERE IS NO RESIDENTIAL BUILDING COVERAGE. UNIT OWNERS RESPONSIBLE FOR THE ENTIRETY OF THEIR UNIT.  
 BLANKET BUILDING LIMIT \$428,000 - COMMON ELEMENTS ONLY  
 100% REPLACEMENT COST W/ INFLATION GUARD INCL - COMMON ELEMENTS ONLY  
 ORDINANCE AND LAW ABC INCL - COMMON ELEMENTS ONLY  
 GENERAL AGGREGATE \$2,000,000  
 LIABILITY PER OCCURRENCE \$1,000,000  
 FIDELITY/CRIME \$250,000 - PROPERTY MANAGER/BOARD INCL  
 30 DAY NOTICE OF CANCEL  
 SEVERABILITY OF INTEREST INCL