



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/29/2022

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 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 LUNDGREN INSURANCE AGENCY 2 N CENTRAL AVE STE 1800 PHOENIX, AZ 85004	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: MATT LUNDGREN</td> </tr> <tr> <td>PHONE (A/C. No. Ext): 602-218-6022</td> <td>FAX (A/C. No): 800-934-6793</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: MATT@LUNDGRENINSURANCEAGENCY.COM</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: QBE</td> <td style="text-align: right;">NAIC # 39217</td> </tr> <tr> <td>INSURER B: CONTINENTAL CASUALTY INS CO</td> <td style="text-align: right;">21881</td> </tr> <tr> <td>INSURER C: FEDERAL INSURANCE CO</td> <td style="text-align: right;">20281</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	CONTACT NAME: MATT LUNDGREN		PHONE (A/C. No. Ext): 602-218-6022	FAX (A/C. No): 800-934-6793	E-MAIL ADDRESS: MATT@LUNDGRENINSURANCEAGENCY.COM		INSURER(S) AFFORDING COVERAGE		INSURER A: QBE	NAIC # 39217	INSURER B: CONTINENTAL CASUALTY INS CO	21881	INSURER C: FEDERAL INSURANCE CO	20281	INSURER D:		INSURER E:		INSURER F:	
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INSURED VENTANA HOMEOWNERS ASSOCIATION C/O VISION COMMUNITY MANAGEMENT 16625 S DESERT FOOTHILLS PKWY PHOENIX, AZ 85048	BORROWER: (Empty)																				

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	COMMERCIAL GENERAL LIABILITY			MC500046300	7/29/2022	7/29/2023	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:			\$				
B	DIRECTORS AND OFFICERS			619026231	7/29/2022	7/29/2023	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> CLAIMS MADE	Y						\$
B	FIDELITY CRIME					619026231	7/29/2022	7/29/2023
	<input checked="" type="checkbox"/> FIDELITY CRIME	Y			\$ \$500,000			
C	UMBRELLA LIAB					G74505004	7/29/2022	7/29/2023
	EXCESS LIAB			AGGREGATE	\$ 10,000,000			
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				\$			
	DED		RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/> Y / <input type="checkbox"/> N / A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	BUILDING COVERAGE			MC500046300	7/29/2022	7/29/2023	\$ 11,582,724 GUARANTEED REPLACEMENT COST	

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

BUILDING COVERAGE INCLUDES EXTERIOR OF THE BUILDINGS AND INTERIOR OF THE UNITS. BETTERMENTS AND IMPROVEMENTS ARE THE UNIT OWNERS RESPONSIBILITY. CLAIMS ARE SUBJECT TO A \$10,000 AOP DEDUCTIBLE PER OCCURRENCE: SPECIAL FORM: 80 UNITS POLICY INCLUDES BUILDING ORDINANCE A,B,C: SEPARATION OF INSURED, BOILER/MACHINERY AND INFLATION GUARD MANAGEMENT COMPANY IS ADDITIONAL INSURED ON GL, CRIME AND D&O

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 30 DAYS. AUTHORIZED REPRESENTATIVE
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