**LENDERS - PLEASE MAKE ALL REQUESTS FOR A CERTIFICATE OF INSURANCE VIA OUR WEBSITE AT WWW.LUNDGRENINSURANCEAGENCY.COM												
Ą	ć		ER	ΓIF	TICATE OF LIA	ABILITY INSURANCE				DATE 1/5/2023		
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						CONTACT NAME:         MATT LUNDGREN           PHONE (A/C, No, Ext):         602-218-6022         FAX (A/C, No):         800-878-3151						
2 N CENTRAL AVE STE 1800						E-MAIL ADDRESS: CS@lundgreninsuranceagency.com						
PHOENIX, AZ 85004						INSURER(S) AFFORDING COVERAGE					NAIC #	
INSURED						INSURER A: FEDERAL INSURANCE CO. INSURE B. CONTINENTAL CASUALTY INS CO					20281 20443	
ALTA MESA TOWNHOWMES ASSOCIATION						INSURER B: CONTINENTAL CASUALTY INS CO					15954	
C/O VISION COMMUNITY MANAGEMENT						INSURER D :					15754	
16625 S DESERT FOOTHILLS PARKWAY PHOENIX, AZ 85048						INSURER E :						
CO				C I T		INSURER F :						
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											ICV DEDIOD	
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)	LIN	11TS		
		COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000	0,000	
		CLAIMS-MADE CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$ 300,0		
А			Y		WA0200229755-02		1/13/2023	1/13/2024	MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 10,0 \$ 1,00		
	GEN	J							GENERAL AGGREGATE	\$ 2,00		
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	0,000	
		OTHER:							EACH OCCURRENCE	\$		
В		ECTORS AND OFFICERS			618944739		1/13/2023	1/13/2024	EACH OCCURRENCE	\$ 1,00	0,000	
	Х	CLAIMS MADE OCCURRENCE	Y							\$ \$		
			1							\$		
в	Х	& CRIME			618944739		1/13/2023	1/13/2024	EACH OCCURRENCE	\$ 500,	000	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	WOI	DED RETENTION \$ RKERS COMPENSATION AND							PER OTH-	\$		
	EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							1/12/2024	PER OTH- STATUTE ER E.L. EACH ACCIDENT	¢ 1.00(	000	
С	OFFICER/MEMBER EXCLUDED?		TWC3946756		1/13/2023	1/13/2024	E.L. DISEASE - EA EMPLOYEI	\$ 1,000,000 EE \$ 1,000,000				
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT			
A	A BUILDING COVERAGE				WA0200229755-02		1/13/2023	1/13/2024	\$35,837,630 125% Extended Replacement Cost Endorser		t Endorsement	
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, INTERIOR OF THE UNITS AND BETTERMENTS AND IMPROVEMENTS TO THE INTERIOR OF THE UNITS. DEDUCTIBLE \$5,000 PER OCCURRENCE. 124 UNITS: SPECIAL FORM POLICY INCLUDES BUILDING ORDINANCE A,B,C: BOILER / MACHINERY, SEPARATION OF INSUREDS AND INFLATION GUARD. WIND/HAIL ARE INCLUDED PERILS. MANAGEMENT COMPANY IS ADDITIONAL INSURED ON GL, CRIME AND D&O												
CE	<u>от</u> п	ΕΙζΑΤΕ ΗΟΙ ΝΕΦ				CANC	CANCELLATION					
CERTIFICATE HOLDER 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 30 DAYS.					
							AUTHORIZED REPRESENTATIVE Matt Lundaren					

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