

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 6/23/2023

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).         PRODUCER LaBarre/Oksnee Insurance 30 Enterprise, Suite 180 Aliso Viejo CA 92656       FAX (ACC, No. Ext): 800-698-0711       FAX (ACC, No): 949-588-1275         INSURED Queen Creek Ranchettes II HOA c/o Vision Community Mgmt LLC 16625 S. Desert Foothills Pkwy Phoenix AZ 85048-9927       QUEECRE-03       INSURER 1: 10 Insurance com INSURER E: INSURER E: INSURER F:       INSURER C: INSURER F:         COVERAGES       CERTIFICATE NUMBER: 1485152598       REVISION NUMBER: INSURED COURTACT FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ADOVE FOR THE POLICY PERIOD INSURER D. NOTIFICATE MUMBER: 1485152598         THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ADOVE FOR THE POLICY PERIOD INDICATED. NOTVITHSTANDING 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.	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.									
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EXCESS LAB       CLAIMS-MADE         DED       RETENTION \$         MORKERS COMPRESATION       AGGEGATE         ADD EMPROPRIATION \$       S         MORKERS COMPRESATION       S         ADD EMPROPRIATION \$       S         MORKERS COMPRESATION       S         ADD EMPROPRIATION \$       N/A         MORKERS COMPRESATION       S         ADD EMPROPRIE TOR/PARTNERS/RECUTIVE       Y         N/A       EL LAGEAGE F.A EMPLOYEE \$         Using the state of								\$		
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OFFICERMEMBER EXCLUDED?       N/A       Image: Constraint of the second of the		T/N						¢		
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DESCRIPTION OF OPERATIONS below       EL. DISEASE - POLICY LIMIT \$         A       Property Directors & Officers       FX         B       Directors & Officers       Y         HOA1000013305-00 6124/2023       6/24/2023 6/24/2023       6/24/2024 6/24/2024       5/0.000 Deductible 51,000 Deductible 51,000 Deductible 51,000 Deductible       \$         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       \$       \$         DDA consists of 58 Units. Located in Queen Creek, AZ.       Management Company is Additionally Insured on the General Liability, D&O Liability, and Fidelity-Crime.       See 2nd page of certificate of insurance for further coverage information.         See Attached       See Attached       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.         Vision Community Management 16625 S. Desert Foothills Pkwy Phoenix AZ 85048 USA       Authorized Representative	If yes, describe	under								
A       DimedFidelity       Y       HQA 1000013305-00       6/24/2023       6/24/2024       \$1.000 Deductible       \$250,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       6/24/2023       6/24/2024       \$1.000 Deductible       \$250,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Management Company is Additionally Insured on the General Liability, D&O Liability, and Fidelity-Crime.         See 2nd page of certificate of insurance for further coverage information.       See Attached         CERTIFICATE HOLDER       CANCELLATION         Vision Community Management 16625 S. Desert Foothills Pkwy Phoenix AZ 85048       Stode         USA       Authonized Representative	DÉSCRIPTION	OF OPERATIONS below	+		0/01/0005	0/04/0001		•	00	
HOA consists of 58 Units. Located in Queen Creek, AZ. Management Company is Additionally Insured on the General Liability, D&O Liability, and Fidelity-Crime. See 2nd page of certificate of insurance for further coverage information. See Attached CERTIFICATE HOLDER CANCELLATION Vision Community Management 16625 S. Desert Foothills Pkwy Phoenix AZ 85048 USA CANCELLATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE USA	A Crime/Fidelity	A Crime/Fidelity		HOA1000013305-00	6/24/2023	6/24/2024	\$1,000 Deductible	\$250	000	
HOA consists of 58 Units. Located in Queen Creek, AZ. Management Company is Additionally Insured on the General Liability, D&O Liability, and Fidelity-Crime. See 2nd page of certificate of insurance for further coverage information. See Attached CERTIFICATE HOLDER CANCELLATION Vision Community Management 16625 S. Desert Foothills Pkwy Phoenix AZ 85048 USA CANCELLATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE USA					le, may be attached if mo	re space is requir	ed)			
See 2nd page of certificate of insurance for further coverage information.          See Attached       CANCELLATION         CERTIFICATE HOLDER       CANCELLATION         Vision Community Management 16625 S. Desert Foothills Pkwy Phoenix AZ 85048 USA       Should Any of the Above described Policies be cancelled before THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.										
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CERTIFICATE HOLDER       CANCELLATION         Vision Community Management       ShouLD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE         Vision Community Management       THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN         ACCORDANCE WITH THE POLICY PROVISIONS.       AUTHORIZED REPRESENTATIVE         USA       AUTHORIZED REPRESENTATIVE	See 2nd page c	of certificate of insurance for	r further	coverage information.						
CERTIFICATE HOLDER       CANCELLATION         Vision Community Management       ShouLD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE         Vision Community Management       THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN         ACCORDANCE WITH THE POLICY PROVISIONS.       AUTHORIZED REPRESENTATIVE         USA       AUTHORIZED REPRESENTATIVE										
CERTIFICATE HOLDER       CANCELLATION         Vision Community Management       ShouLD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE         Vision Community Management       THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN         ACCORDANCE WITH THE POLICY PROVISIONS.       AUTHORIZED REPRESENTATIVE         USA       AUTHORIZED REPRESENTATIVE	One Attack									
Vision Community Management 16625 S. Desert Foothills Pkwy Phoenix AZ 85048 USA	See Attached									
Vision Community Management 16625 S. Desert Foothills Pkwy Phoenix AZ 85048 USA	CERTIFICATE	HOLDER			CANCELLATION					
	16	625 S. Desert Foothills	ement Pkwy		THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
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The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: QUEECRE-03

LOC #:

ACORD	

## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY LaBarre/Oksnee Insurance	NAMED INSURED Queen Creek Ranchettes II HOA c/o Vision Community Mgmt LLC				
POLICY NUMBER		16625 S. Desert Foothills Pkwy Phoenix AZ 85048-9927			
CARRIER	NAIC CODE				
		EFFECTIVE DATE:			
ADDITIONAL REMARKS					

## THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: \_\_\_\_\_\_\_ FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Coverage is for COMMON AREAS ONLY

Coverage Includes: Special Form with 150% Extended Replacement Cost Property Limit of \$25,000 for Trees/Shrubs Wind/Hail (excludes Trees/Shrubs) Building Ordinance or Law Severability of Interest / Separation of Insureds No Co-Insurance D&O is a Claims-Made Policy