



# CERTIFICATE OF LIABILITY 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).**

<b>PRODUCER</b> LUNDGREN INSURANCE AGENCY 2 N CENTRAL AVE STE 1800 PHOENIX, AZ 85004		<b>CONTACT NAME:</b> MATT LUNDGREN <b>PHONE (A/C, No, Ext):</b> 602-218-6022 <b>FAX (A/C, No):</b> 800-878-3151 <b>E-MAIL ADDRESS:</b> CS@lundgreninsuranceagency.com	
		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> FEDERAL INSURANCE CO.	<b>NAIC #</b> 20281
<b>INSURED</b> ALTA MESA TOWNHOWMES ASSOCIATION C/O VISION COMMUNITY MANAGEMENT 16625 S DESERT FOOTHILLS PARKWAY PHOENIX, AZ 85048		<b>INSURER B:</b> CONTINENTAL CASUALTY INS CO <b>INSURER C:</b> AMTRUST INSURANCE CO <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	20443 15954    

## 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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	WA0200229755-02	1/13/2023	1/13/2024	EACH OCCURRENCE \$ 1,000,000
						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
B	<b>DIRECTORS AND OFFICERS</b> <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> FIDELITY & CRIME	Y	618944739	1/13/2023	1/13/2024	EACH OCCURRENCE \$ 1,000,000
B	<input checked="" type="checkbox"/> FIDELITY & CRIME		618944739	1/13/2023	1/13/2024	EACH OCCURRENCE \$ 500,000
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> DED RETENTION \$	OCCUR CLAIMS-MADE				EACH OCCURRENCE \$
						AGGREGATE \$
						\$
C	<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 <input type="checkbox"/>	TWC3946756	1/13/2023	1/13/2024	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
						E.L. EACH ACCIDENT \$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	BUILDING COVERAGE		WA0200229755-02	1/13/2023	1/13/2024	\$35,837,630 125% Extended Replacement Cost 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 OR \$10,000 WATER LOSS DEDUCTIBLE PER UNIT. 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

## 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 30 DAYS.
	AUTHORIZED REPRESENTATIVE 