|  |  |  |                            |              |             |        | Poli    | cy Number:       | 60238 92 64  |                            | Date E  | ntered: 8         | 3/7/2003 |  |
|--|--|--|----------------------------|--------------|-------------|--------|---------|------------------|--|----------------------------|---|-------------------|----------|--|
| ACORD <sup>®</sup> Cl  |  |  | ERTIFICATE OF LIAI         |              |             |        |         | BILITY INSURANCE |  |                            |   | (MM/DD/YYYY)      |          |  |
|  |  |  |                            |              | 111         |        |         |                  |  |                            |   |                   | 27/2023  |  |
| C<br>B   | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS<br>CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES<br>BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED<br>REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. |  |                            |              |             |        |         |                  |  |                            |   |                   |          |  |
| lf   | IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.<br>If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on<br>this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).                          |  |                            |              |             |        |         |                  |  |                            |   |                   |          |  |
| PRO  | DUCE   | R<br>Kara K And                              | mach Thous                 |              | • <b>•</b>  |        | Tno     | Ci<br>N          | <sup>CONTACT</sup> Kara K Anspach  |                            |   |                   |          |  |
| Kara K. Anspach Insurance Agency, Inc.<br>7077 East Marilyn Road #125  |  |  |                            |              |             |        | me.     | (A               | PHONE<br>(A/C, No, Ext): (480) 998-8070 FAX<br>(A/C, No): (480) 951-3519   |                            |   |                   |          |  |
| •  |  |  |                            |              |             |        |         |                  | É-MAIL<br>ADDRESS: kara@karains.com  |                            |   |                   |          |  |
| Scottsdale, AZ 85254   |  |  |                            |              |             |        |         |                  | INSURER(S) AFFORDING COVERAGE  |                            |   |                   | NAIC #   |  |
|  |  |  |                            |              |             |        |         | IN               | INSURER A: Truck Insurance Exchange  |                            |   |                   |          |  |
| INSU   | RED  | Nina Villas                                  | HOA                        |              |             |        |         | IN               | INSURER B :  |                            |   |                   |          |  |
|  |  |  |                            |              |             |        |         | IN               | INSURER C :  |                            |   |                   |          |  |
| C/O Vision Community Managemen<br>16625 S Desert Foothills Parkw   |  |  |                            |              |             |        |         |                  | INSURER D :  |                            |   |                   |          |  |
|  |  | Phoenix, AZ                                  |                            | lls Parkway  |             |        |         | IN               | INSURER E :  |                            |   |                   |          |  |
|  |  | ,  |                            |              |             |        | _       | IN               | 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<br>INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS<br>CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,<br>EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |  |  |                            |              |             |        |         |                  |  |                            |   |                   |          |  |
| INSR<br>LTR  |  | TYPE OF INSUR                                | ANCE                       | ADDL<br>INSD | SUBR<br>WVD | PO     | DLICY N | UMBER            | POLICY EFF<br>(MM/DD/YYYY)   | POLICY EXP<br>(MM/DD/YYYY) | L   | MITS              |          |  |
| A  | Х  | COMMERCIAL GENERA                            |                            |              |             |        |         |                  |  |                            | EACH OCCURRENCE                               | \$1,0             | 000,000  |  |
|  |  |  | 🗙 occur                    |              |             | 60238  | 92      | 64               | 7/25/2023  | 7/25/2024                  | DAMAGE TO RENTED<br>PREMISES (Ea occurrence)  | <sub>\$</sub> 75, |          |  |
|  |  |  |                            |              |             |        |         |                  |  |                            | MED EXP (Any one person)                      | <sub>\$</sub> 5,0 |          |  |
|  |  |  |                            |              |             |        |         |                  |  |                            | PERSONAL & ADV INJURY                         | ·                 | luded    |  |
|  | GEN  | I'L AGGREGATE LIMIT AP                       | PLIES PER:                 |              |             |        |         |                  |  |                            | GENERAL AGGREGATE                             | Ŧ                 | 000,000  |  |
|  |  | POLICY PRO-<br>JECT                          | LOC                        |              |             |        |         |                  |  |                            | PRODUCTS - COMP/OP AG                         | G <b>§ Inc</b>    | 21       |  |
|  |  | OTHER:                                       |                            |              |             |        |         |                  |  |                            |   | \$                |          |  |
|  | AUT  | OMOBILE LIABILITY                            |                            |              |             |        |         |                  |  |                            | COMBINED SINGLE LIMIT<br>(Ea accident)        | \$                |          |  |
|  |  | ANY AUTO<br>OWNED                            | SCHEDULED                  |              |             |        |         |                  |  |                            | BODILY INJURY (Per person                     |                   |          |  |
|  |  | AUTOS ONLY                                   | AUTOS<br>NON-OWNED         |              |             |        |         |                  |  |                            | BODILY INJURY (Per accider<br>PROPERTY DAMAGE | , .               |          |  |
|  |  |  | AUTOS ONLY                 |              |             |        |         |                  |  |                            | (Per accident)                                | \$                |          |  |
|  |  |  |                            |              |             |        |         |                  |  |                            |   | \$                |          |  |
|  |  | UMBRELLA LIAB                                | OCCUR                      |              |             |        |         |                  |  |                            | EACH OCCURRENCE                               | \$                |          |  |
|  |  |  | CLAIMS-MADE                |              |             |        |         |                  |  |                            | AGGREGATE                                     | \$                |          |  |
|  | WOR  | DED RETENTION                                | N \$                       |              |             |        |         |                  |  |                            | PER OTH<br>STATUTE ER                         | - \$              |          |  |
|  | AND  | EMPLOYERS' LIABILITY<br>PROPRIETOR/PARTNER/E |                            |              |             |        |         |                  |  |                            | STATUTE ÉR<br>E.L. EACH ACCIDENT              | \$                |          |  |
|  | OFFI   | CER/MEMBER EXCLUDED                          |                            | N / A        |             |        |         |                  |  |                            | E.L. DISEASE - EA EMPLOY                      | -                 |          |  |
|  | If yes   | , describe under<br>CRIPTION OF OPERATIO     | NS below                   |              |             |        |         |                  |  |                            | E.L. DISEASE - POLICY LIM                     |                   |          |  |
| A  |  | O Coverage                                   |                            |              |             | 60238  | 92      | 64               | 07/25/2023   | 07/25/2024                 |   |                   | 000,000  |  |
| A Fidelity Bond  |  |  |                            |              |             | 60238  | 92      | 64               | 07/25/2023   | 07/05/2024                 |   | \$50              | 0,000    |  |
|  | DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)   |  |                            |              |             |        |         |                  |  |                            |   |                   |          |  |
| 60 Single family homes located at: E Schiliro, Phoenix AZ 85032  |  |  |                            |              |             |        |         |                  |  |                            |   |                   |          |  |
| Common Area only - Extended RC at 125%/ Building Property at \$151,500/ \$1,000 deductible per occurrence same policy # and effective dates as all other coverage's listed above.  |  |  |                            |              |             |        |         |                  |  |                            |   |                   |          |  |
|  | - P  |  |                            |              |             | 0      |         |                  |  |                            |   |                   |          |  |
|  |  |  |                            |              |             |        |         |                  |  |                            |   |                   |          |  |
|  |  |  |                            |              |             |        |         |                  |  |                            |   |                   |          |  |
|  |  |  |                            |              |             |        |         |                  |  |                            |   |                   |          |  |
| CE   | RTIF   | ICATE HOLDER                                 | - 1103                     |              |             |        |         | C                | ANCELLATIO   | N                          |   |                   |          |  |
|  |  | Nina Villa                                   |                            | . w-         | <b>n</b>    | omost  |         |                  |  |                            |   | CANCE             |          |  |
|  |  |  | n Community<br>onal insure |              | nag         | ement  |         |                  | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN |                            |   |                   |          |  |
|  |  |  | esert Footh                |              | s P         | arkway |         |                  | ACCORDANCE V   | VITH THE POLICY            | Y PROVISIONS.                                 |                   |          |  |
|  |  | De   |                            |              |             | y      |         |                  |  |                            |   |                   |          |  |

AUTHORIZED REPRESENTATIVE

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Kara K. Anspach

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