

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/22/2023

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 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).										
PROD	UCER				CONTAC NAME:	T Dee Dung	gan			
Neate Dupey Insurance Group					PHONE (A/C, No, Ext): (480) 391-3000 (A/C, No):					
8700 E. Vista Bonita Dr. Suite 270					E-MAIL ADDRESS: Dee@neatedupey.com					
						INS	URER(S) AFFOR	DING COVERAGE		NAIC#
Sco	tsdale			AZ 85255	INSURER	A: HARTFO	ORD UNDER	WRITERS INS CO		30104
INSUI	RED				INSURER B: GREAT AMERICAN ALLIANCE INS CO				26832	
Veri	as At Mccormick Ranch Condominium Association	on			INSURER C:					
1662	5 S Desert Foothills Pkwy				INSURER D:					
					INSURER	E:				
Phoe	nix			AZ 85048-8470	INSURER F:					
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:				
INI CE EX	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		ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	2,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
								MED EXP (Any one person)	\$	10,000
A		Y		59SBAAT6EC3		09/16/2023	09/16/2024	PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	4,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	4,000,000
	X OTHER: Employee Dishonesty							Limit / Ded	\$	\$50,000 / \$5,000

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	CLAIMS-MADE X OCCUR	Y			09/16/2023	00/46/9004	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
							MED EXP (Any one person)	\$	10,000
Α				59SBAAT6EC3			PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	4,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	4,000,000
	OTHER: Employee Dishonesty						Limit / Ded	\$	\$50,000 / \$5,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	2,000,000
	ANY AUTO	Y		59SBAAT6EC3	09/16/2023	09/16/2024	BODILY INJURY (Per person)	\$	
Α	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$		
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT	\$	
							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
							D&O (\$5,000 ded)		\$1,000,000
В	Directors and Officers	Y		EPPE791009	09/16/2023	09/16/2024			
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

See ACORD 101

CERTIFICATE HOLDER	CANCELLATION				
Vision Community Management	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
16625 S Desert Foothills Pkwy	AUTHORIZED REPRESENTATIVE				
Phoenix AZ 85048	SCOTT SHIRLEY				

AGENCY CUSTOMER ID:	
LOC #:	



ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED				
Neate Dupey Insurance Group		Veritas At Mccormick Ranch Condominium Association				
POLICY NUMBER						
59SBAAT6EC3, EPPE791009 01						
	NAIC CODE					
HARTFORD UNDERWRITERS INS CO	30104, 2683	EFFECTIVE DATE:				
ADDITIONAL REMARKS						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACO	RD FORM,					
FORM NUMBER: 25 FORM TITLE: Certificate Of Liab						
Location: 8333 E via Paseo Del Norte, Scottsdale, AZ 85258-3829 Building Limit \$ 13,689,000 - \$5,000 deductible, Special Form,Replacement Cost coverage, No co-insurance. 10 Buildings, 36 Units, Management company included as additional insured on Directors and Officers, General Liability and Employee Dishonesty. Policy includes severability coverage, Building Ordinance coverage A- Building limit, B&C \$250,000. 30 day notice of cancellation applies.						