AC	ORD [®]	

CERTIFICATE OF LIABILITY INSURANCE

MMORIN DATE (MM/DD/YYYY)

VILLNOR-01

											1/29/2024
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).											
	PRODUCER CONTACT NAME:										
ARNETT INSURANCE SERVICES, LLC				PHONE (A/C, No, Ext): (480) 830-7400 FAX (A/C, No):(480) 830-7404							
3850 E BASELINE RD #106					(A/C, No, Ext): (400) 050-7400 (A/C, No): (400) 050-7404						
MESA, AZ 85206											
					INSURER(S) AFFORDING COVERAGE				NAIC #		
						INSURER A : Citizens Ins Co of America					
INSU	RED		_			INSURE					
		Villa Norte Homeowners Ass 2107 W Lane Ave	socia	ation		INSURE					
		Phoenix, AZ 85021				INSURE	ER D :				
						INSURE					
				_		INSURE	RF:				
					NUMBER:				REVISION NUMBER:		
IN CI	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 INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LII	NITS	
Α	Χ	COMMERCIAL GENERAL LIABILITY						. ,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			OB4H11404704		12/19/2023	12/19/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
									MED EXP (Any one person)	\$	5,000
									PERSONAL & ADV INJURY	\$	1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AG	G \$	2,000,000
	A 1 1 T	OTHER: OMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	
	AUI	ANY AUTO							(Ea accident)	\$	
		OWNED SCHEDULED							BODILY INJURY (Per person		
		AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accider		
		AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
		UMBRELLA LIAB OCCUR								\$	
		EXCESS LIAB							EACH OCCURRENCE	\$	
		DED RETENTION \$							AGGREGATE	\$	
	WOR	KERS COMPENSATION							PER OTH	\$	
	AND	EMPLOYERS' LIABILITY							STATUTE ÉR		
	OFFI (Man	PROPRIETOR/PARTNER/EXECUTIVE	N / A						E.L. EACH ACCIDENT	\$	
		, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOY		
	DES	JRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIM	T \$	
DEC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
		Insurance	LE3 (/	ACORL	, ioi, Additional Remarks SChedu	ne, may t	e allached if MO	e space is requi	euj		

CERTIFICATE HOLDER	CANCELLATION
Proof of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE
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