

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)3/13/2024

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)

	is certificate does not confer rights to	the	certi	ficate holder in lieu of su			•				
PRODUCER						CONTACT NAME: Dee Dungan					
Nea	nte Dupey Insurance Group				PHONE (A/C, No, Ext): (480) 391-3000 FAX (A/C, No):						
870	0 E. Vista Bonita Dr. Suite 270				È-MÁIL ADDRES	ss: dee@neat	tedupey.com				
						INS	URER(S) AFFOR	RDING COVERAGE		NAIC#	
Sco	ottsdale			AZ 85255	INSURER A: GREAT AMERICAN ALLIANCE INS CO				26832		
INSU	RED				INSURER B: PROPERTY AND CASUALTY INS CO OF HARTFORI					34690	
Bro	ken Arrow Ranch Condo Association				INSURER C:						
166	25 S DESERT FOOTHILLS PKWY				INSURER D :						
					INSURER E :						
PHOENIX				AZ 85048-8470	INSURER F:						
CO	VERAGES CERT	TIFICATE NUMBER:			REVISION NUMBER:						
IN CI EX	HIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUENTIFICATE MAY BE ISSUED OR MAY PER KCLUSIONS AND CONDITIONS OF SUCH PO	JIREN TAIN, OLICI	IENT, THE ES. LI	TERM OR CONDITION OF A INSURANCE AFFORDED BY IMITS SHOWN MAY HAVE BE	NY CON	ITRACT OR OT LICIES DESCF DUCED BY PAI	THER DOCUM RIBED HEREIN D CLAIMS.	ENT WITH RESPECT TO WE	IICH THI		
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
	COMMERCIAL GENERAL LIABILITY								\$	2,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
								MED EXP (Any one person)	\$	10,000	
В		Y	Y	59SBABE1M8K		03/20/2024	03/20/2025	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:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	2,000,000	
	ANY AUTO							BODILY INJURY (Per person)	\$		
В	OWNED SCHEDULED AUTOS AUTOS			59SBABE1M8K		03/20/2024	03/20/2025	PROPERTY PANAGE	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below								\$		
	Directors and Officers							LIMIT		\$1,000,000	
A	Directors and Officers			EPPE793557-00		03/20/2024	03/20/2025	Retention		\$ 1,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES /	ACORI	D 101 Additional Pemarks Scher	dula may	he attached if m	ore enace is rea	uired)			
		LLS (ACOKI	5 101, Additional Remarks Sched	uule, illay	be attached if in	ore space is requ	uneaj			
Se	e ACORD 101										
CERTIFICATE HOLDER CAN						CANCELLATION					
<u>VL.</u>	THIORIE HOLDER					LLLATION					
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

Page 1 of 1

AGENCY		NAMED INSURED				
Neate Dupey Insurance Group		Broken Arrow Ranch Condo Association				
POLICY NUMBER						
EPPE793557-00	NAIO COD-	_				
	NAIC CODE	EFFECTIVE DATE:				
	26832	EFFECTIVE DATE:				
ADDITIONAL REMARKS		_				
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACOR FORM NUMBER: 25 FORM TITLE: Certificate Of Liabi		e				
FORM NUMBER: 25 FORM TITLE: Certificate Of Liabi Separation of insured clause applies as per policy language. 10 da Building coverage of \$4,154,000, extended replacement cost of 12 Building Ordinance limit A- Building limit, coverage B &C \$250,000	ility Insurance ay notice of o 25%, includes).	cancellation for non-payment/30 day notice for all other reasons.				



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

3/13/2024 THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND. EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST. PHONE (A/C, No, Ext): AGENCY COMPANY (480) 391-3000 Neate Dupey Insurance Group 8700 E. Vista Bonita Dr. Suite 270 PROPERTY AND CASUALTY INS. CO OF HARTFORD NAIC#34690 Scottsdale AZ 85255 E-MAIL ADDRESS: FAX (A/C, No): dee@neatedupey.com CODE: SUB CODE: AGENCY CUSTOMER ID #: INSURFD OAN NUMBER POLICY NUMBER Broken Arrow Ranch Condominiums 59SBABE1M8K EFFECTIVE DATE **EXPIRATION DATE** 16625 S DESERT FOOTHILLS PKWY CONTINUED UNTIL TERMINATED IF CHECKED 03/20/2024 03/20/2025 THIS REPLACES PRIOR EVIDENCE DATED: **PHOENIX** AZ 85048 PROPERTY INFORMATION LOCATION/DESCRIPTION 16307 & 16308 E ARROW DRIVE 2 BUILDINGS, 22 UNITS FOUNTAIN HILLS, AZ 85268-8725 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 EVIDENCE OF PROPERTY INSURANCE 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. X SPECIAL BROAD COVERAGE INFORMATION PERILS INSURED **BASIC** COVERAGE / PERILS / FORMS AMOUNT OF INSURANCE DEDUCTIBLE BUILDING LIMIT TOTAL \$ 4.154.000 \$5,000 125% EXTENDED REPLACEMENT COST WIND/HAIL COVERAGE INCLUDED INCL IN BLDG LIMIT ORDINANCE OR LAW - COV A INCLUDED IN BLDG LIMIT, COV B&C \$ 250,000 INCL IN BLDG LIMIT EQUIPMENT BREAKDOWN \$5,000 CRIME/FIDELITY \$ 50,000 \$5,000 WALLS IN COVERAGE - LESS IMPROVEMENTS AND BETTERMENTS NO CO-INSURANCE REMARKS (Including Special Conditions) Separation of insured clause applies as per policy language. 10 day notice of cancellation for non-payment/30 day notice for all other reasons. Building coverage of \$4,154,000, extended replacement cost of 125%, includes equipment breakdown, Building Ordinance limit A- Building limit, coverage B &C \$250,000. Property Manager listed as an additional insured on the liability, Employee Dishonesty and D&O coverage. 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. ADDITIONAL INTEREST NAME AND ADDRESS ADDITIONAL INSURED LENDER'S LOSS PAYABLE LOSS PAYEE MORTGAGEE Evidence of Insurance LOAN # Vision Community Management AUTHORIZED REPRESENTATIVE 16625 S Desert Foothills Pkwy SCOTT SHIRLEY

ACORD 27 (2016/03)

Phoenix

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