

Policy Number: 60673 46 83

CERTIFICATE OF LIABILITY INSURANCE

Date Entered: 3/12/2019

DATE (MM/DD/YYYY)

2/26/2024

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).

PHONE (A/C, No, Ext): (480) 998-8070 FAX (A/C, No): (480) 951-3519				
E-MAIL ADDRESS: kara@karains.com				
INSURER(S) AFFORDING COVERAGE	NAIC#			
INSURER A: Truck Insurance Exchange				
INSURER B:				
INSURER C:				
INSURER D:				
INSURER E :				
INSURER F:				
	E-MAIL ADDRESS: kara@karains.com INSURER(S) AFFORDING COVERAGE INSURER A: Truck Insurance Exchange INSURER B: INSURER C: INSURER D: INSURER E:			

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		SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	COMMERCIAL GENERAL LIABILITY				,,	,	EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE OCCUR	X					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$75,000
							MED EXP (Any one person)	_{\$} 5,000
				60673 46 83	3/12/2024	3/12/2025	PERSONAL & ADV INJURY	\$ Included
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$1,000,000
	OTHER:							\$
	AUTOMOBILE LIABILITY	X					COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
A	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS			60673 46 83	3/12/2024	3/12/2025	BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED 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	\$
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
A	Directors & Officers	X		60673 46 83	03/12/2024	03/12/2025		\$1,000,000
A	Fidelity Bond	$ \times $		60673 46 83	03/12/2024	03/12/2025		\$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 26 single family HOA located in Goodyear AZ 85338

COMMON AREAS ONLY

CERTIFICATE HOLDER	CANCELLATION			
Santuary at Sarival Village Association				
C/O 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.			
as additional insured				
16625 S Desert Foothills Parkway				
Phoenix AZ 85048	AUTHORIZED REPRESENTATIVE			
	Kara K. Anspach			