

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 07/11/2024

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).									
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NFP PROPERTY & CASUALTY SERVICES INC					NAME:           PHONE         FAX           (A/C, No, Ext): (888) 661-3938         (A/C, No): (877) 872-7604				
17100 N 67TH AVE BLDG 7					F-MAII				
GLENDALL, AZ 05500					ADDRESS: service.center@travelers.com INSURER(S) AFFORDING COVERAGE NAIC #				
(888) 661-3938					INSURER A : THE TRAVELERS INDEMNITY COMPANY OF AMERICA				
INSURED					INSURER B : TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA				
PINNACLE PEAK OFFICE PARK					INSURER C :				
ASSOCIATION					INSURER D :				
C/O VISION COMMUNITY MANAGEMENT 16625 S DESERT FOOTHILLS PKWY				INSURER E :					
	PHOENIX, AZ 85048				INSURER F :				
201									
				E NUMBER: 402113030			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 WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	TS	
A				680-0136C830-24	07/11/2024	07/11/2025	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000	
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000	
							PRODUCTS - COMP/OP AGG	\$2,000,000	
	OTHER:							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY HIRED						BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
								\$	
В	X UMBRELLA LIAB X OCCUR			CUP-1584Y183-24	07/11/2024	07/11/2025	EACH OCCURRENCE	\$2,000,000	
	EXCESS LIAB     CLAIMS-MADE       DED     X     RETENTION \$5,000						AGGREGATE	\$2,000,000	
								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	N/A					PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
A	DIRECTORS AND OFFICERS			680-0136C830-24	07/11/2024	07/11/2025		\$1,0	00,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
UE	RTIFICATE HOLDER				CANCELLATION				
VISION COMMUNITY MANAGEMENT 16625 S. DESERT FOOTHILLS PKWY PHOENIX, AZ 85048					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				
					Renan M. Beltran				

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