



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/19/2024

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 Russo and Associates Services Inc. 5777 South Rural Road Suite 6 Tempe AZ 85283 | CONTACT NAME: CERT REQUEST TEAM PHONE (A/C, No, Ext): (480) 756-6671 E-MAIL ADDRESS: TempeOffice@BRinsured.com | FAX (A/C, No): |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED VILLAS LAS PALMAS HOA C/O VISION COMMUNITY MANAGEMENT 16625 S DESERT FOOTHILLS PKWY PHOENIX AZ 85048 | INSURER A: PHILADELPHIA IND INS CO NAIC #: 18058 | |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

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 | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | Y | Y | PHPK2273799 | 07/14/2024 | 07/14/2025 | EACH OCCURRENCE \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
| | <input checked="" type="checkbox"/> SPC | | | | | | MED EXP (Any one person) \$ 5,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: D&O Policy # 618860338 | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 D&O Limit \$ 1,000,000 |
| A | AUTOMOBILE LIABILITY | Y | Y | PHPK2273799 | 07/14/2024 | 07/14/2025 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR | | | | | | EACH OCCURRENCE \$ |
| | EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | | | | AGGREGATE \$ |
| | DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | N/A | | | | | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N | | | | | | E.L. EACH ACCIDENT \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ |
| A | BLANKET PROPERTY NO RESIDENTIAL STRUCTURES | Y | Y | PHPK2273799 | 07/14/2024 | 07/14/2025 | BLANKET LIMIT 428,000 DEDUCTIBLE 2,500 |

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 16625 S DESERT FOOTHILLS PARKWAY 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 Barry Keime |
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ADDITIONAL REMARKS SCHEDULE

| | | | |
|--|--------------------|--|--|
| AGENCY Russo and Associates Services Inc. | | NAMED INSURED VILLAS LAS PALMAS HOA | |
| POLICY NUMBER PHPK2589802-007 | | EFFECTIVE DATE: | |
| CARRIER PHILADELPHIA IND INS CO | NAIC CODE 18058 | | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate Of Liability Insurance

175 TOWNHOMES - ***THERE IS NO RESIDENTIAL BUILDING COVERAGE. UNIT OWNERS RESPONSIBLE FOR THE ENTIRETY OF THEIR UNIT.***
 BLANKET BUILDING LIMIT \$428,000 - COMMON ELEMENTS ONLY
 100% REPLACEMENT COST W/ INFLATION GUARD INCL - COMMON ELEMENTS ONLY
 ORDINANCE AND LAW ABC INCL - COMMON ELEMENTS ONLY
 GENERAL AGGREGATE \$2,000,000
 LIABILITY PER OCCURRENCE \$1,000,000
 FIDELITY/CRIME \$250,000 - PROPERTY MANAGER/BOARD INCL
 30 DAY NOTICE OF CANCEL
 SEVERABILITY OF INTEREST INCL