

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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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PRODUCER						CONTACT NAME: Kelsy De Lay					
Neate Dupey Insurance Group					PHONE (A/C, No, Ext): (480) 391-3000 (A/C, No):						
8700 E. Vista Bonita Dr. Suite 270					E-MAIL ADDRESS: Kelsy@neatedupey.com						
						INS	URER(S) AFFOR	RDING COVERAGE		NAIC #	
Scottsdale AZ 85255						INSURER A: LIO Insurance Company				11075	
INSURED					INSURER B: CHUBB INS CO LTD				780062		
Colonia Del Norte Unit One Homeowners Association					INSURER C:						
16625 S DESERT FOOTHILLS PKWY				INSURER D:							
						INSURER E :					
PHOENIX			AZ 85048-8470			INSURER F:					
		TIFICATE 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 WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$	100,000	
								MED EXP (Any one person)	\$	5,000	
A		Y		HOA1000035970-00		07/14/2024	07/14/2025	PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	1 000 000	
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$	1,000,000	
٨	OWNED SCHEDULED			HOA1000035970-00		07/14/2024	07/14/2025	BODILY INJURY (Per accident)	\$		
A	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY			HOA1000033970-00		07/14/2024	07/14/2023	PROPERTY DAMAGE	\$		
	HIRED AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$	l						AGOREGATE	\$		
	WORKERS COMPENSATION							PER OTH-	Ψ		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
								Limit		1,000,000	
В	Directors and Officers			00450712		07/14/2024	07/14/2025				
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
	cation Address: 10432 North 30th Lane Pho							AGE FOR THE COMMON	ELEME	NTS OF	
ASSOCIATION 126 UNIT-SINGLE FAMILY HOME COMMUNITY, NO COVERAGE FOR THE HOMES. PROPERTY MANAGER IS INCLUDED AS AN ADDITIOANL INSURED ON GL, CRIME, AND D&O POLICIES											
110	OTERT I WANTOER IS INCEOBED IN	11 7 1	DDII	TOTAL INSURED ON GE,	CIGIVIL,	THIND DOOT	OLICILD				
CERTIFICATE HOLDER						CANCELLATION					
CERTIFICATE HOLDER					CANCELLATION						
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
Vision Community Management						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
·,											
16625 S Desert Foothills Parkway					AUTHORIZED REPRESENTATIVE						

Phoenix AZ 85048

SCOTT SHIRLEY