

DATE (MM/DD/YYYY) 08/14/2024

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.

t	this certific	cate does not confer rights to								ioni. A	otaton	ioni on
PR	ODUCER	American Premier Ins Agency	y			CONTACT Harold Bordelon						
8631 S Priest Dr			•				PHONE (A/C, No, Ext): (480)423-3444 FAX (A/C, No): (480)941-08					
Ste 101						E-MAIL hbordelon@am-premier.com						
		Tempe			AZ 85284-			SURER(S) AFFOR	RDING COVERAGE			NAIC#
						INSURE	I Hamilton N	/lutual Compa				41785
INS	URED					INSURE	RR.					
		Sierra Foothills Condo Assn				INSURE						
		c/o Vision Community Manag		าเ		INSURE						
		16815 S Desert Foothills Pkw Phoenix	/y		AZ 85048-	INSURE						
		FIIOEIIIX			AZ 00040-	INSURE						
CC	OVERAGE	S CER	TIFIC	ATE	NUMBER:	INSURE	KF.		REVISION NUM	BER:		
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 TE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									H THIS			
INSI	R	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
A		MERCIAL GENERAL LIABILITY			BKS59001509			08/01/2025	EACH OCCURRENC		\$	2,000,000
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTE PREMISES (Ea occur	D	\$	300,000
									MED EXP (Any one p	, i	\$	15,000
									PERSONAL & ADV IN		\$	2,000,000
	GEN'L AGO	GREGATE LIMIT APPLIES PER:							GENERAL AGGREGA		\$	4,000,000
	POLIC	PRO- Y							PRODUCTS - COMP		\$	4,000,000
	OTHE										\$	
		BILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY A	AUTO							BODILY INJURY (Per	r person)	\$	
	OWNI	ED SCHEDULED AUTOS							BODILY INJURY (Per	r accident)	\$	
	HIRE	D NON-OWNED AUTOS ONLY							PROPERTY DAMAGI (Per accident)	E	\$	
	Auto	AUTOS ONLT							(Fer accident)		\$	
	UMBF	RELLA LIAB OCCUR							EACH OCCURRENC	E	\$	
	EXCE	CLAIMS-MADE							AGGREGATE	_	\$	
	DED	RETENTION \$									\$	
	WORKERS	COMPENSATION							PER STATUTE	OTH- ER	<u> </u>	
		OYERS' LIABILITY RIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDEN		\$	
	OFFICER/M (Mandatory	IEMBER EXCLUDED?	N/A						E.L. DISEASE - EA E		•	
	If yes, descr								E.L. DISEASE - POLI			
Α		s & Officers			BKS59001509		08/01/2024	08/01/2025	Liability Agg Limi			\$4,000,000
Α	Duilding	Limit			BKS59001509		08/01/2024	08/01/2025	each wrongful ac		:	\$2,000,000
	Building	LIMIL							RC/Special/1000) ded	;	\$1,312,925
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
CF	RTIFICAT	TE HOLDER				CANC	ELLATION					AI 025389
Broken Arrow 16307 E Arrow Dr							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					
	ı					Forold Boucht						



DATE (MM/DD/YYYY) 08/14/2024

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.

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).													
PRO	DUCER	American Premier Ins Agency	у			CONTACT Harold Bordelon							
8631 S Priest Dr						PHONE (A/C, No, Ext): (480)423-3444 FAX (A/C, No): (480)941-0892						1-0892	
Ste 101					E-MAIL ADDRESS: hbordelon@am-premier.com								
Tempe				AZ 85284-	ADDICE		SUPER(S) AFFOI	RDING COVERAGE			NAIC#		
						INCLIDE						41785	
INSL	JRED					INSURER A : Liberty Mutual Company							
		Sierra Foothills Condo Assn				INSURE							
		c/o Vision Community Manag	•	nt		INSURE							
		16815 S Desert Foothills Pkw	NV y				INSURER D:						
		Phoenix			AZ 85048-	INSURE							
-	VEDACE		TIFIC	- A T	NUMBED.	INSURE	RF:		DEVICION NUM	ADED.			
	VERAGE				NOT LISTED BELOW HAVE	DEENIG	CLIED TO TH	E INCLIDED NA	REVISION NUM		ICV DE	RIOD	
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.											THIS		
INSR		TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF	POLICY EXP		LIMIT	9		
A A	X com	IMERCIAL GENERAL LIABILITY	INSD	WVD	BKS59001509		<u>(MM/DD/YYYY)</u> 08/01/2024	(MM/DD/YYYY) 08/01/2025	EACH OCCURRENC		s \$	2,000,000	
		CLAIMS-MADE X OCCUR			D11000001000		00/01/2024	00/01/2020	DAMAGE TO RENTE	ED	\$	300,000	
		CEANVIS-IVIADE COCOIX							PREMISES (Ea occu	, i	\$	15,000	
									MED EXP (Any one p		\$ \$	2,000,000	
	OFNII AG	ACCECATE LIMIT ADDITED DED.							PERSONAL & ADV I		\$ \$	4,000,000	
		GREGATE LIMIT APPLIES PER: ICY PRO- X LOC							GENERAL AGGREG			4,000,000	
	POLI								PRODUCTS - COMP	P/OP AGG	\$	1,000,000	
	AUTOMOR	ER: BILE LIABILITY							COMBINED SINGLE	LIMIT	\$		
	<u> </u>	AUTO							(Ea accident) BODILY INJURY (Pe	ar nerson)	\$		
	OWN	NED SCHEDULED							BODILY INJURY (Pe		\$		
	AUT(OS ONLY AUTOS ED NON-OWNED							PROPERTY DAMAG		\$		
	AUTO	OS ONLY AUTOS ONLY							(Per accident)		\$		
	LIMP	BRELLA LIAB OCCUP									•		
		TOO LIAD							EACH OCCURRENC	JE	\$		
		CLAIWG-WADE	-						AGGREGATE		\$		
	WORKERS	RETENTION \$ S COMPENSATION							PER	OTH-	\$		
	AND EMPL	LOYERS' LIABILITY Y / N							PER STATUTE	ER			
	OFFICER/N	PRIETOR/PARTNER/EXECUTIVE MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDEN		\$		
	(Mandator	ry in NH) cribe under							E.L. DISEASE - EA E				
Α		cribe under FION OF OPERATIONS below rs & Officers			DICOCOOCATOO		00/04/0004	00/04/0005	E.L. DISEASE - POL			14 000 000	
A	Director	is & Officers			BKS59001509		08/01/2024	08/01/2025	Liability Agg Lim	I		\$4,000,000	
^	Building	g Limit			BKS59001509		08/01/2024	08/01/2025	each wrongful ad RC/Special/1000			\$2,000,000 \$1,312,925	
										o ded	•	71,312,923	
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: 16815 S Foothills Pkwy												
CE	DTIEIC A	TE HOLDER				CANC	ELLATION					AI 021707	
JL.	NI IOA	Master Certificate			-	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
						Forold Bush							



DATE (MM/DD/YYYY) 08/14/2024

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.

th	nis certifi	cate does not confer rights to	the	certi	ficate holder in lieu of su								
PRODUCER American Premier Ins Agency							CONTACT Harold Bordelon						
8631 S Priest Dr						PHONE (A/C, No. Ext): (480)423-3444 FAX (A/C, No.: (480)941-089						11-0892	
		Ste 101				E-MAIL ADDRES	hhor	delon@am-pr	emier.com	, , , , ,			
		Tempe			AZ 85284-			SURER(S) AFFOI	RDING COVERAGE			NAIC#	
						INSURF		/lutual Compa				41785	
INSL	IRED					INSURER B:							
		Sierra Foothills Condo Assn				INSURE							
		c/o Vision Community Manag		nt									
		16815 S Desert Foothills Pkw	wy y				INSURER D : INSURER E :						
		Phoenix			AZ 85048-	INSURE							
CO	VERAGE	S CFR	TIFIC	CATE	NUMBER:	INSURE	KF:		REVISION NUM	IBFR:			
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 PI											ICY PE	ERIOD	
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	1	TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF	POLICY EXP		LIMIT	s		
A A	X com	IMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER BKS59001509		(MM/DD/YYYY) 08/01/2024	(MM/DD/YYYY) 08/01/2025	EACH OCCURRENC		s \$	2,000,000	
, ,		CLAIMS-MADE X OCCUR			DKG53001303		00/01/2024	00/01/2023	DAMAGE TO RENTE	D		300,000	
	H	CLAIIVIO-IVIADE UCCUR							PREMISES (Ea occu	, i	\$	15.000	
	H-								MED EXP (Any one p		\$	2,000,000	
		ODE OATE LINET ADDUCE DED							PERSONAL & ADV II		\$	4,000,000	
		GREGATE LIMIT APPLIES PER: ICY PRO- X LOC							GENERAL AGGREG		\$	4,000,000	
	POLI								PRODUCTS - COMP	7/OP AGG	\$	1,000,000	
	AUTOMOR	ER: BILE LIABILITY							COMBINED SINGLE	LIMIT	\$		
		AUTO							(Ea accident) BODILY INJURY (Pe	r percen)	\$		
	OWN	NED SCHEDULED							BODILY INJURY (Pe		\$		
	AUT(HIRE	OS ONLY AUTOS ED NON-OWNED							PROPERTY DAMAG		\$		
	AUTO	OS ONLY AUTOS ONLY							(Per accident)		\$		
	LIMP	RELLA LIAB OCCUP									•		
		- OCCOR							EACH OCCURRENC	E	\$		
		CLAING-MADE							AGGREGATE		\$		
	WORKERS	RETENTION \$ S COMPENSATION							PER	OTH-	\$		
	AND EMPL	OYERS' LIABILITY Y / N							PER STATUTE	ER			
	OFFICER/N	PRIETOR/PARTNER/EXECUTIVE MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDEN		\$		
	(Mandatory	y in NH) cribe under TION OF OPERATIONS below							E.L. DISEASE - EA E				
Α		TION OF OPERATIONS below rs & Officers			BKS59001509		08/01/2024	08/01/2025	E.L. DISEASE - POL		\$	24 000 000	
Α	Director	13 & Officers			BKS59001509		08/01/2024		Liability Agg Lim each wrongful ad			\$4,000,000 \$2,000,000	
, ,	Building	g Limit			DK339001309		00/01/2024	00/01/2023	RC/Special/1000			\$1,312,925	
DE0	ODIDTION O	AF OPERATIONS (LOCATIONS (VEHICL	FO (4	0000	404 Additional Bassania Oakadad				'	dea		71,012,020	
RE:	16815 S	FOPERATIONS / LOCATIONS / VEHICL Foothills Pkwy, Ste 126	LES (A	CORL	101, Additional Remarks Schedul	le, may be	attached if mor	e space is requir	ed)				
DI-I		\$4 040 005 DO/000/ O-i		0			0 -11						
Bla	g Coveraç	ge: \$1,312,925 RC/90% Coins	uran	ce, S	pecial Form-including then	1, \$1,00	u ded						
	DTIES	TE HOLDED				06375	NEL 1 A TIO:					AI 020083	
CE	KIIFICA	TE HOLDER				CANC	ELLATION					AI 020003	
						SHO	III D ANY OF	THE AROVE D	ESCRIBED POLICI	ES BE CA	NCELL	ED REFORE	
		NACE LUOI DINOS LLO				THE	EXPIRATION	ON DATE TH	EREOF, NOTICE				
		NACF I HOLDINGS LLC 50 Portland Pier, Suite 400				ACC	ORDANCE W	ITH THE POLIC	CY PROVISIONS.				
		Portland			ME 04101-	A=	DIZED DEDDE	- A I T A T I V / -	1	-			
					01101	AUTHO	RIZED REPRESE	:NIAIIVE 	/ 10		, ,		
						Harold Bought							



DATE (MM/DD/YYYY) 08/14/2024

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.

	SUBROGATION IS WAIVED, subject to its certificate does not confer rights to							uire an endorsen	nent. A	statem	ient on
	DUCER American Premier Ins Agency	CONTACT Harold Bordelon									
	8631 S Priest Dr	,			PHONE	(480)	423-3444		FAX (480)94	11-0892
	Ste 101				E-MAIL hhordolon@am promior com						
	Tempe			AZ 85284-	ADDRES						
	'					Liborty N	<u>surer(s) affor</u> Iutual Compa	RDING COVERAGE			NAIC # 41785
INICI	JRED				INSURE	KA.	iutuai Oompa	iiiy			41700
INSU	Sierra Foothills Condo Assn				INSURE	RB:					
	c/o Vision Community Manag	eme	nt		INSURE	RC:					
	16815 S Desert Foothills Pkw	/y			INSURE						
	Phoenix			AZ 85048-	INSURE	RE:					
					INSURE	RF:					
				NUMBER:				REVISION NUM			
IN C	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		ADDL	SUBR				POLICY EXP (MM/DD/YYYY)		LIMIT	<u> </u>	
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER BKS59001509		(MM/DD/YYYY) 08/01/2024	08/01/2025	EACH OCCURRENC		\$	2,000,000
	CLAIMS-MADE X OCCUR			DI (0000 1000		00/01/2024	00/01/2023	DAMAGE TO RENTE	D	\$	300,000
	CLAIMS-MADE [-] OCCUR							PREMISES (Ea occu	, i		15,000
								MED EXP (Any one p		\$	2,000,000
								PERSONAL & ADV II		\$	4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	4,000,000
	FOLIOT LECT LOC							PRODUCTS - COMP	OP AGG	\$	4,000,000
	OTHER:							COMBINED SINGLE	LIMIT	\$	
	——————————————————————————————————————							(Ea accident)			
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Pe		\$	
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Pe		\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	_	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	E	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							DED	OTU	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDEN	IT	\$	
	(Mandatory in NH)							E.L. DISEASE - EA E	MPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
Α	Directors & Officers			BKS59001509		08/01/2024	08/01/2025	Liability Agg Lim	it		\$4,000,000
Α	Building Limit			BKS59001509		08/01/2024	08/01/2025	each wrongful ad			\$2,000,000
								RC/Special/1000) ded		\$1,312,925
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: 16815 S Desert Foothills Pkwy #140											
CE	RTIFICATE HOLDER	CANC	ELLATION					AI 021561			
OL	Trust Bank ISAOA	455			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	2375 E Camelback Rd Suite Phoenix	AZ 85016-			AUTHORIZED REPRESENTATIVE FOUNDATION AUTHORIZED REPRESENTATIVE						



DATE (MM/DD/YYYY) 08/14/2024

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.

th	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRO	DUCER	American Premier Ins Agency	/			CONTACT Harold Bordelon						
8631 S Priest Dr						PHONE (A/C, No	(480)	423-3444		FAX (A/C. No):	480)94	1-0892
		Ste 101				E-MAIL ADDRES	hhor	delon@am-pr	emier.com	, ,		
		Tempe			AZ 85284-			SURER(S) AFFOR	RDING COVERAGE			NAIC#
						INSURE		/lutual Compa				41785
INSU	RED	Oi				INSURE	RB:					
		Sierra Foothills Condo Assn	0 m 0 i	.+		INSURE						
		c/o Vision Community Manag 16815 S Desert Foothills Pkw		IL		INSURE						
		Phoenix	у		AZ 85048-	INSURE	RE:					
		THOUTHA			7.2 00010	INSURE	RF:					
CO	VERAGE	S CER	TIFIC	ATE	NUMBER:				REVISION NUM	IBER:		
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	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	S	
Α	Х сом	MERCIAL GENERAL LIABILITY			BKS59001509		08/01/2024	08/01/2025	EACH OCCURRENC		\$	2,000,000
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTE PREMISES (Ea occu	ED irrence)	\$	300,000
									MED EXP (Any one p	, i	\$	15,000
									PERSONAL & ADV I	NJURY	\$	2,000,000
	GEN'L AG	GREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$	4,000,000
	POLI	CY PRO- JECT X LOC							PRODUCTS - COMP	P/OP AGG	\$	4,000,000
	ОТН	ER:									\$	
	AUTOMOE	BILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
		AUTO							BODILY INJURY (Pe	er person)	\$	
		OS ONLY AUTOS							BODILY INJURY (Pe		\$	
	HIRE AUT	DS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	iE	\$	
											\$	
	UMB	RELLA LIAB OCCUR							EACH OCCURRENC	E	\$	
	EXC	ESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED	RETENTION \$							DEB	OTH-	\$	
		COMPENSATION OYERS' LIABILITY Y / N							PER STATUTE	ER		
		RIETOR/PARTNER/EXECUTIVE MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDEN		\$	
	(Mandator)	y in NH)							E.L. DISEASE - EA E	EMPLOYEE	\$	
Α		ribe under ION OF OPERATIONS below S & Officers			DICCEOCO A FOO		00/04/0004	00/04/0005	E.L. DISEASE - POL		\$	24 000 000
A	Director	3 & OHIOGIS			BKS59001509 BKS59001509		08/01/2024 08/01/2024	08/01/2025	Liability Agg Lim each wrongful ad			\$4,000,000 \$2,000,000
/ \	Building	Limit			DK99900 1909		00/01/2024	06/01/2023				' '
DESC Visio	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Vision Community Management is listed as additional insured.											
CEI	RTIFICA	TE HOLDER				CANC	ELLATION					AI 022790
Vision Community Management 16625 S Desert Foothills Pkwy						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
		Phoenix			AZ 85048-	AUTHORIZED REPRESENTATIVE FOUNDATION AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE						