

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

Í				C	ΕR		ICATE OF LIA	BILI	I Y INS	URANC	E	10	0/8/2024
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).													
_			not	confer rights to	o the	certi	ficate holder in lieu of su	CONTA NAME:					
	Neate Dupey Insurance Group								PHONE (100) and anon				
8700 E. Vista Bonita Dr. Suite 270								(Å/Č, Ňo, Ext): (480) 391-3000 (Å/Č, No): E-MAIL ADDRESS: Kelsy@neatedupey.com					
oroo E. That Donia Di. Buile 270								INSURER(S) AFFORDING COVERAGE					NAIC #
Scottsdale AZ 85255								INSURER A: LIO INSURANCE					17346
INSURED								INSURER B: ACE FIRE UNDERWRITERS INS CO					20702
Alta Mesa Unit 11								INSURER C :					
16625 S DESERT FOOTHILLS PKWY								INSURE	RD:				
								INSURER E :					
PHO	PHOENIX AZ 85048-8470								INSURER F :				
COVERAGES CERTIFICATE NUMBER:									REVISION NUMBER: BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD				
IN CI E)	DICA ERTII (CLU	TED. NOTWITHS	STAN SSU	IDING ANY REQ ED OR MAY PER	UIREN RTAIN, POLICI	IENT, THE ES. LI	TERM OR CONDITION OF A INSURANCE AFFORDED BY MITS SHOWN MAY HAVE BE	NY CON THE PC	NTRACT OR OT	THER DOCUMI RIBED HEREIN	ENT WITH RESPECT TO WH	HICH TH	
INSR LTR		TYPE OF IN	ISUR	ANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	ĩS	
	X	COMMERCIAL GEN	_								EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
		CLAIMS-MADE		OCCUR							PREMISES (Ea occurrence)	\$	100,000
									10/05/0004	10/05/0005	MED EXP (Any one person)	\$	5,000
А		]			Y	Y	HOA1000039154-00		10/25/2024	10/25/2025	PERSONAL & ADV INJURY	\$	1,000,000
	GEN		<b>)</b> -								GENERAL AGGREGATE	\$	2,000,000 2,000,000
	^		т	LOC							PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
	AUT	OMOBILE LIABILITY	Y								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO									BODILY INJURY (Per person)	\$	,,
А		OWNED AUTOS ONLY		SCHEDULED AUTOS			HOA1000039154-00		10/25/2024	10/25/2025	BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY	V	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
												\$	
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE	-						AGGREGATE	\$	
	DED RETENTION \$										PER   OTH-	\$	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE									STATUTE			
	OFFICER/MEMBER EXCLUDED?			D?	N/A						E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPER		NS below							E.L. DISEASE - EA EMPLOYEE	ծ Տ	
	1										LIMIT	<b>†</b>	1,000,000
в	Di	irectors and Office	ers				ADOAZF1788766A2		10/25/2024	10/25/2025	AGGREGATE		1,000,000
											RETENTION		1,000
DES	CRIPT	ION OF OPERATION	NS/L	OCATIONS / VEHIC	CLES (	ACOR	D 101, Additional Remarks Sched	lule, may	be attached if m	ore space is requ	uired)		
		,					eneral Liability in favor of Ce DA HAS 76 HOMES COMM		11	s. As per writte	en contract, Blanket Waiver	of Subro	gation for
CEF	RTIF		2					CANCELLATION					
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.					
16625 S Desert Foothills Pkwy								AUTHORIZED REPRESENTATIVE					
phoenix AZ 85048								SCOTT SHIRLEY					

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