

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/21/2024

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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PRODUCER	CONTACT NAME: Chris Bahm				
(8806F7) Doug Bell	PHONE (A/C, NO, EXT): 623-299-9600	FAX (A/C, NO):			
14654 N Lake Pleasant Pkwy #104 Peoria, AZ 85383	E-MAIL ADDRESS: christina.dbell2@farmersagency.com				
	INSURER(S) AFFORDING CO	NAIC#			
INSURED	INSURER A: Truck Insurance Exchange		21709		
The Drawmatenes at Tampa	INSURER B: Farmers Insurance Exchang	ge	21652		
The Brownstones at Tempe c/o Vision Community Mgmt	INSURER C: Mid Century Insurance Com	21687			
16625 S Desert Hills Pkwy	INSURER D: Fire Insurance Exchange	21660			
Phoenix, AZ 85048	INSURER E:				
1 110011X, 7/2 000+0	INSURER F:				

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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

INSR LTR	TYPE OF INSTIDANCE			ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
	X	COMMERCIAL GEN	IERAL	LIABILITY						EACH OCCURR	ENCE	\$	2,000,000
		CLAIMS-MADE X OCCUR							DAMAGE TO RE PREMISES (Ea C		\$	75,000	
								MED EXP (Any o	ne person)	\$	5,000		
С							606761317	09/19/2024	09/19/2025	PERSONAL & AI	V INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGF	EGATE	\$	4,000,000	
	X	POLICY PRO	JECT	LOC						PRODUCTS - CO	MP/OP AGG	\$	2,000,000
		OTHER:										\$	
	AUTOMOBILE LIABILITY								COMBINED SIN (Ea accident)	GLE LIMIT	\$	2,000,000	
	ANYAUTO								BODILY INJURY	Per person)	\$		
С		OWNED AUTOS ONLY		SCHEDULED AUTOS			606761317	09/19/2024	09/19/2025	BODILY INJURY	Per accident)	\$	
	×	HIRED AUTOS ONLY		NON-OWNED AUTOS ONLY						PROPERTY DAM (Per accident)	IAGE	\$	
												\$	
		UMBRELLA LIAB		OCCUR						EACH OCCURR	ENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$			
		DED RET	ENTIC	ON\$								\$	
	1	DRKERS COMPENSA D EMPLOYERS ' LIAE								PER STATUTE	OTHER	\$	
	ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A					E.L. EACH ACCI	DENT	\$		
				N/A					E.L. DISEASE - E	A EMPLOYEE	\$		
									E.L. DISEASE - P	OLICY LIMIT	\$		
DESCR Certific	L IPTI cate	ON OF OPERATIONS	/LOC	ATIONS/VEHICLE	S (ACORD d on the	101, Add named	litional Remarks Schedule, may b Insured's general liability p	e attached if more spa Olicv.	ce is required)				

Waiver of Subrogation applies in favor of the certificate holder on the workers compensation policy.

CERTIFICATE HOLDER	CANCELLATION
	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 DougBell