

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/18/2024

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 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).

certificate holder in lieu of such endorsement(s).						
PRODUCER		CONTACT NAME:				
Dan Hakes		PHONE (A/C, No, Ext): 928-226-1611	FAX (A/C, No): 928-226-7007			
2501 N Fourth St, Suite 3		E-MAIL service@danhakesagency.com				
Flagstaff, AZ 86001		INSURER(S) AFFORDING COVERAGE		NAIC#		
		INSURER A: Truck Insurance Exchange		21709		
INSURED		INSURER B: Farmers Insurance Exchange		21652		
Townhomes at Mou	ntain Springs	INSURER C: Mid Century Insurance Company		21687		
4551 E Allison Dr		INSURER D :				
		INSURER E :				
Flagstaff	AZ 86004	INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	REVISION NU	JMBER:			
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.						

POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS **GENERAL LIABILITY** 2,000,000 EACH OCCURRENCE DAMAGE TO RENTED \$ X COMMERCIAL GENERAL LIABILITY \$ PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR 5,000 MED EXP (Any one person) \$ Х 607095893 10/16/2024 | 10/16/2025 Α PERSONAL & ADV INJURY \$ 4,000,000 GENERAL AGGREGATE \$ GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ \$ POLICY COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY 2,000,000 BODILY INJURY (Per person) ANY AUTO ALL OWNED AUTOS SCHEDULED Х 607095893 10/16/2024 10/16/2025 BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) \$ HIRED AUTOS \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE **AGGREGATE** \$ DED RETENTION \$ WORKERS COMPENSATION WC STATU-TORY LIMITS AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT Per Claim \$1,000,000 D&O 607095893 Α DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

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CERTIFICATE HOLDER			CANCELLATION		
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.		
Pho	oenix	AZ 85048	AUTHORIZED REPRESENTATIVE  Toffer Hakes		