



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/22/2024

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).

<b>PRODUCER</b>  Dan Hakes(882834H) 2501 N 4th St Ste 3  Flagstaff AZ 86004-3700		<b>CONTACT NAME:</b>  <b>PHONE</b> (A/C, NO, EXT): 928-226-1611		<b>FAX</b> (A/C, NO): 928-226-7007	
		<b>E-MAIL ADDRESS:</b> service@danhakesagency.com			
		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	
<b>INSURED</b>		<b>INSURER A:</b> Truck Insurance Exchange		21709	
THE TOWNHOMES AT RAILROAD SPRI 2601 W CRIPPLE CREEK DR  FLAGSTAFF AZ 86001		<b>INSURER B:</b> Farmers Insurance Exchange		21652	
		<b>INSURER C:</b> Mid Century Insurance Company		21687	
		<b>INSURER D:</b>			
		<b>INSURER E:</b>			
		<b>INSURER F:</b>			

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 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	ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			607223943	09/27/2024	09/27/2025	EACH OCCURRENCE	\$ 2,000,000	
		DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$ 75,000						
		MED EXP (Any one person)	\$ 5,000						
		PERSONAL & ADV INJURY	\$ 2,000,000						
		GENERAL AGGREGATE	\$ 4,000,000						
		PRODUCTS - COMP/OP AGG	\$ 2,000,000						
			\$						
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$	
		<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person)	\$	
		<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$	
		<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$	
								\$	
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE	\$	
		<b>EXCESS LIAB</b>	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$	
		DED	RETENTION \$					\$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> Y/N <input type="checkbox"/> N/A		
							PER STATUTE	OTHER	\$
							E.L. EACH ACCIDENT	\$	
							E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
This policy is for community property only and does not cover the town homes.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
Vision Community Management 16625 S Desert Foothills Pkwy Phoenix, AZ 85048	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 <i>Dan Hakes</i>



**Dan**  
**Hakes**  
Agency



October 22, 2024

Association Member:

We provide the Town Homes at Railroad Springs insurance policy and appreciate the opportunity to serve you. Our goal is for you to understand the protection it provides.

**Policy Information\*\***

Effective Date: 09/27/2024	Interior Coverage: <b>NOT Included</b>
Building Coverage: <b>NOT Included</b>	Deductible: n/a

This policy, according to association CCR, only protects the common areas of the association. It does NOT provide property coverage for any portion of an owners' home.\*\*

We recommend you obtain a personal homeowners insurance policy for your entire structure and loss assessment coverage, personal liability and any other coverage you deem prudent.

Please contact us with questions regarding this information. If you would like a brochure describing the correct policy type, or a customized proposal, please contact us at your convenience.

We appreciate your business.

Sincerely,

*Dan Hakes*  
Your Financial Services Agent

\*\* The above coverage descriptions are for informational purposes only and do not change the language of the policy in any way.