

Policy Number: 606772579

## CERTIFICATE OF LIABILITY INSURANCE

Date Entered: 11/12/2021

DATE (MM/DD/YYYY) 11/22/2024

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.

	SUBROGATION IS WAIVED, subject s certificate does not confer rights to				•	•	require an endorsement.	A sta	tement on	
PROD	UCER Cox Insurance Service		l N	CONTACT NAME: PHONE (A/C, No, Ext): (480) 907-6000  FAX (A/C, No): (480) 664-8275						
	10607 N. Frank Lloyd	ght	Blvd	(A/C, No, Ext): (4807907-66000   (A/C, No): (4807004-8273   E-MAIL address; certificate@coxinsurance.net						
	Suite 101			<u> </u>						
	Scottsdale, AZ 85259			_	INSURER(S) AFFORDING COVERAGE				NAIC#	
	·				INSURER A: Mid-Century Insurance Company				21687	
INSURED Devonshire Square Condominium Association, Incusurers:										
	C/O Vision Community	ement	INSURER C:							
	16625 S. Desert Foothills Pkwy.				INSURER D :					
	Phoenix, AZ 85048		I	INSURER E :						
				ı	INSURER F:					
COV	'ERAGES CER	TIFIC	CATE	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 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.										
NSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	LIMITS		
A.	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$	1,00	00,000	
	CLAIMS-MADE OCCUR	claims-made Occur 606772579		606772579	12/2/2024	12/2/2025	DAMAGE TO RENTED PREMISES (Ea occurrence) \$			
	D&O- \$1,000,000						MED EXP (Any one person) \$	5,00	00	
	DED- \$ 1,000						PERSONAL & ADV INJURY \$	1,00	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$		00,000	

PRODUCTS - COMP/OP AGG | \$1,000,000 POLICY FROT LOC OTHER: COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY \$1,000,000 12/2/2024 12/2/2025 Α ANY AUTO 606772579 BODILY INJURY (Per person) \$ SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY BODILY INJURY (Per accident) \$ PROPERTY DAMAGE HIRED \$ AUTOS ONLY **AUTOS ONLY** \$ UMBRELLA LIAB EACH OCCURRENCE \$ OCCUR EXCESS LIAB CLAIMS-MADE AGGREGATE \$ RETENTION \$ \$ WORKERS COMPENSATION OTH-ER <u>STATUTE</u> 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 12/02/2024 12/02/2025 \$1,000 DED \$100,000 606772579 Employee Dishonesty

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 30 days notice of cancellation is required prior to cancellation

Vision Community Management is listed as an Additional Insured.

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.			
Phoenix, AZ 85048				
	AUTHORIZED REPRESENTATIVE  Wally Law			



## **EVIDENCE OF PROPERTY INSURANCE**

Policy Number: 606772579

DATE (MM/DD/YYYY)

11/22/2024 THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST. AGENCY PHONE (A/C, No, Ext): (480) 907-6000 COMPANY Cox Insurance Services Mid-Century Insurance Company 10607 N. Frank Lloyd Wright Blvd 4680 WILSHIRE BLVD Suite 101 LOS ANGELES, CA 90010 Scottsdale, AZ 85259 FAX (A/C, No): (480) 664-8275 E-MAIL ADDRESS: certificate@coxinsurance.net CODE: SUB CODE: AGENCY CUSTOMER ID #: Devonshire Square Condominium Association,  $\overline{{\rm Inc.}}^{{\rm LOAN\, NUMBER}}$ INSURED POLICY NUMBER 606772579 C/O Vision Community Management EFFECTIVE DATE **EXPIRATION DATE** CONTINUED LINTII 16625 S. Desert Foothills Pkwy. 12/02/2024 TERMINATED IF CHECKED 12/02/2025 Phoenix, AZ 85048 THIS REPLACES PRIOR EVIDENCE DATED: PROPERTY INFORMATION LOCATION/DESCRIPTION 724 E. Devonshire Ave., Phoenix, AZ 85014 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 EVIDENCE OF PROPERTY INSURANCE 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. **COVERAGE INFORMATION** SPECIAL BROAD PERILS INSURED BASIC COVERAGE / PERILS / FORMS AMOUNT OF INSURANCE DEDUCTIBLE Building- Extended Replacement Cost - 150% \$7,197,895 \$5,000 Business Personal Property (BPP) \$10,000 \$5,000 Building Ordinance Or Law - 1 (Undamaged Part) Included None Building Ordinance Or Law - 2 (Demolition Cost) \$250,000 None Building Ordinance Or Law - 3 (Increased Cost) \$250,000 None Specified Property \$50,000 \$5,000 Unit Owners Coverage Included \$5,000 Equipment Breakdown Included \$5,000 **REMARKS (Including Special Conditions)** 7 Buildings 26 Units **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. ADDITIONAL INTEREST NAME AND ADDRESS ADDITIONAL INSURED LENDER'S LOSS PAYABLE LOSS PAYEE Vision Community Management MORTGAGEE 16625 S. Desert Foothills Pkwy. LOAN# Phoenix, AZ 85048 **AUTHORIZED REPRESENTATIVE** An Film

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