

NSMITH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/2/2024

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.

lf	SU	RTANT: If the certificate holder BROGATION IS WAIVED, subject ertificate does not confer rights to	t to	the	terms and conditions of t	he pol	icy, certain ¡	policies may				
PROI					CONTACT NAME:							
The Mahoney Group - Phoenix 20333 North 19th Avenue, Suite 200							PHONE (A/C, No, Ext): (623) 215-1300 FAX (A/C, No): (623) 2				215-1333	
Phoenix, AZ 85027							E-MAIL ADDRESS:					
							INSURER(S) AFFORDING COVERAGE				NAIC #	
							INSURER A: AUTO-OWNERS INSURANCE COMPANY				18988	
NSURED							INSURER B: Travelers Casualty & Surety Company of America				31194	
Sanctuary Homeowners Association c/o RealManage dba Vision Community Management						INSURER C: Continental Casualty Company				20443		
	c/o RealManage dba Vision 16625 S Desert Foothills Pk					INSURER D:						
Phoenix, AZ 85048						INSURER E:						
							INSURER F:					
CO	/ER	RAGES CER	CATE	NUMBER:	REVISION NUMBER:							
IN CI	DIC.	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	OF A	NY CONTRAC	CT OR OTHER	DOCUMENT WITH RES	SPECT TO	WHICH THIS	
NSR LTR		TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY		POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS							
Α	Х	COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR	Х		45223451		12/16/2024	12/16/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
									MED EXP (Any one person)	\$	10,000	
									PERSONAL & ADV INJURY	\$	1,000,000	
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AC	G \$	2,000,000	
		OTHER:								\$		
Α	ΑU	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
		ANY AUTO			45223451		12/16/2024	12/16/2025	BODILY INJURY (Per perso	n) \$		
		OWNED SCHEDULED							BODIL V IN ILIPV (Por accide			

PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY **UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE** AGGREGATE DED RETENTION \$ OTH-ER PER <u>\$TATUTE</u> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 107364106 12/16/2024 12/16/2025 50,000 2,500 Deductible Crime/Fidelity X **Directors & Officers** 618940027 12/16/2024 12/16/2025 1,000 Deductible 1,000,000 X

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage applies to common area only and does not extend to individual units or residential dwellings.

CERTIFICATE HOLDER	CANCELLATION

Realmanage dba 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