

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/14/2023

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.

If SUBROGATION IS WAIVED, subject this certificate does not confer rights to	to th	e ter	ms and conditions of th	e polic	y, certain po	olicies may r						
PRODUCER				CONTA								
Crest Insurance Group, LLC					FAY					520-325-3757		
5285 E. Williams Circle Suite 4500				F 84411						320-323-3737		
Tucson AZ 85711				ADDRESS: mgallegos@crestins.com								
				INSURER(S) AFFORDING COVERAGE						NAIC#		
			License#: 967026							18988		
Rancho Reina Homeowners Association	าท		RANCREI-01	INSURER B:								
c/o Vision Community Management	INSURER C:											
16625 S Desert Foothills Parkway	INSURER D:											
Phoenix AZ 85048				INSURER E:								
				INSURER F:								
COVERAGES CER	TIFIC	ATE	NUMBER: 1548716162				REVISION NU	MBER:				
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. INSR POLICY EFF POLICY EXP POLI												
LTR TYPE OF INSURANCE	INSD		POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT				
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			45177161		1/5/2024	1/5/2025	DAMAGE TO REN' PREMISES (Ea occ	ΓED	\$ 1,000 \$ 300,0			
							MED EXP (Any one	,	\$10,000			
							PERSONAL & ADV	INJURY	\$ 1,000	,000		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$2,000	,000		
X POLICY PRO- JECT LOC	POLICY PRO- JECT LOC					PRODUCTS - COM	IP/OP AGG	\$ 2,000	,000			
X OTHER: Hired/NonOwned							Limit		\$ 1,000	,000		
AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$			
ANY AUTO							BODILY INJURY (F	er person)	\$			
OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (F	Per accident)	\$			
HIRED NON-OWNED							PROPERTY DAMA (Per accident)	GE	\$			
AUTOS ONLY AUTOS ONLY							(Fer accident)		\$			
UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$			
EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		\$			
DED RETENTION \$									\$			
WORKERS COMPENSATION							PER STATUTE	OTH- ER				
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE		\$			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE					
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		\$			
BESONII TION OF OF ENVIRONMENTAL							2.2. 3.02.7.02 . 0	2.0 . 2	<u> </u>			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Evidence of Insurance. This form is subject to all policy forms, terms, endorsements, conditions definitions & exclusions. Vision Community Management is included as additional insured.												
CERTIFICATE HOLDER					CANCELLATION							
Vision Community Manage 16625 S Desert Foothills P	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											



Policy Number: 618770848

Date Entered: 1/31/2022

DATE (MM/DD/YYYY)

1/8/2024

CERTIFICATE OF LIABILITY INSURANCE

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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

th	is cer	tificate does not confer rights to	the	<u>cert</u> i	<u>ficate holder in lieu of</u> suc							
PROI	DUCER	Kara K Anenach Incur	anc	0 73	gency Inc	CONTACT Kara	K Anspach					
Kara K. Anspach Insurance Agency, Inc.					PHONE (480	951-3519						
10049 E Dynamite Blvd #135					E-MAIL ADDRESS: kara@karains.com							
		Scottsdale, AZ 85262				INSURER(S) AFFORDING COVERAGE NAIC						
					INSURER A: CNA							
INSURED Rancho Reina HOA					INSURER B:							
					INSURER C :							
		C/O Vision Community M	l ana	gem	ent	INSURER D :						
		16625 S Desert Foothil	lls	Pkw	У	INSURER E :						
		Phoenix, AZ 85020				INSURER F:						
CO	VERA	GES CER	TIFIC	ATE	NUMBER:	REVISION NUMBER:						
IN CI	DICAT ERTIFI	TO CERTIFY THAT THE POLICIES ED. NOTWITHSTANDING ANY RECATE MAY BE ISSUED OR MAY FOUND AND CONDITIONS OF SUCH FOR THE POLICIES.	QUIR PERT. POLIC	EMEI AIN, IES. L	NT, TERM OR CONDITION THE INSURANCE AFFORDS LIMITS SHOWN MAY HAVE B	OF ANY CONTRACED BY THE POLICED BY	CT OR OTHER CIES DESCRIBED PAID CLAIMS.	DOCUMENT WITH	H RESPECT	T TO V	WHICH THIS	
INSR LTR		TYPE OF INSURANCE		SUBR WVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC		\$		
		CLAIMS-MADE OCCUR						DAMAGE TO RENTE PREMISES (Ea occu		\$		
							MED EXP (Any one person		person)	\$		
	Ш.							PERSONAL & ADV INJURY \$		\$		
	GEN'L	AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$		\$		
	F	POLICY PRO- JECT LOC						PRODUCTS - COMP	P/OP AGG	\$		
		OTHER:								\$		
		MOBILE LIABILITY						COMBINED SINGLE (Ea accident)		\$		
		ANY AUTO						BODILY INJURY (Pe		\$		
	<i>F</i>	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Pe				
		AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAG (Per accident)	- 3	\$		
										\$		
	\vdash	JMBRELLA LIAB OCCUR						EACH OCCURRENC	E S	\$		
	E	CLAIMS-MADE						AGGREGATE		\$		
		DED RETENTION \$ ERS COMPENSATION						PER		\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							PER STATUTE	OTH- ER			
			N/A					E.L. EACH ACCIDEN		\$		
	If yes,	atory in NH) describe under						E.L. DISEASE - EA E				
7		RIPTION OF OPERATIONS below			618770848	01/17/2024	01/17/2025	E.L. DISEASE - POL	ICY LIMIT \$		000,000	
A	דען	ectors & Officers	^		010//0040	01/11/2024	01/1//2023			Ψ±, (000,000	
DESC	CRIPTIO	IN OF OPERATIONS / LOCATIONS / VEHICLE	ES (AC	ORD 1	 01, Additional Remarks Schedule,	may be attached if mor	e space is required)					
CERTIFICATE HOLDER					CANCELLATION							
Rancho Reina HOA					- Transport							
C/O Vision Community Management							ESCRIBED POLIC					
as additional insured					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
16625 S Desert Foothills Pkwy												
Phoenix AZ 85020						AUTHORIZED REPRESENTATIVE						

Kara K. Anspach