

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

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PRODUCER		CONTACT NAME: Cert Request Team	
Russo and Associates Services Inc.		PHONE (A/C, No, Ext): (480) 756-6671 FAX (A/C, No):	
5777 S Rural Road Suite 6		E-MAIL ADDRESS: tempeoffice@BRinsured.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
Tempe	AZ 85283	INSURER A: PHILADELPHIA IND INS CO	18058
INSURED		INSURER B: PENN MAN IND CO	41424
QUEEN CREEK RANCHETTES		INSURER C:	
16625 S DESERT FOOTHILLS PKWY		INSURER D:	
		INSURER E:	
PHOENIX	AZ 85048	INSURER F:	
COVERAGES	CERTIFICATE 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.

INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	(IVIIVI/DD/TTTT)	(WIWI/DD/TTTT)		1 000 000
A	CLAIMS-MADE X OCCUR	- - Y	Y	PHPK2532622	05/11/2024	05/11/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
	<b>X</b> D&O Policy # 618857231						MED EXP (Any one person)	\$ 5,000
	X Special Form						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
	AUTOMOBILE LIABILITY			PHPK2532622	05/11/2024	05/11/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO		Y				BODILY INJURY (Per person)	\$
Α	OWNED SCHEDULED AUTOS ONLY	Y					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		WC00501836	12/19/2024	05/11/2025	<b>X</b> PER STATUTE OTH-ER	
l _	ANY PROPRIETOR/PARTNER/EYECUTIVE						E.L. EACH ACCIDENT	\$ 1,000,000
-	(Mandatory in NH)			WC00301830	12/19/2024	03/11/2023	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

59 SINGLE FAMILY HOMES

COMMON AREA PROPERTY ONLY

30 DAY NOTICE OF CANCELLATION

SEVERABILITY OF INTEREST INCL

FIDELITY/CRIME \$100,000 - PROPERTY MANAGER INCL

CERTIFICATE HOLDER	CANCELLATION
VISION COMMUNITY MANAGEMENT	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
16625 S DESERT FOOTHILLS PARKWAY	AUTHORIZED REPRESENTATIVE
	Barry Keime
PHOENIX AZ 85048	