

## CERTIFICATE OF LIABILITY INSURANCE

DATE 1/14/2025

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 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).

| such chuorsement(s):                                  |   |         |  |  |  |
|---|---|---------|--|--|--|
| PRODUCER  | CONTACT<br>NAME: MATT LUNDGREN                          |         |  |  |  |
| LUNDGREN INSURANCE AGENCY                             | PHONE (A/C, No, Ext): 602-218-6022 FAX (A/C, No): 800-8 | 78-3151 |  |  |  |
| 2 N CENTRAL AVE STE 1800                              | E-MAIL ADDRESS: CS@lundgreninsuranceagency.com          |         |  |  |  |
| PHOENIX, AZ 85004                                     | INSURER(S) AFFORDING COVERAGE                           | NAIC#   |  |  |  |
|   | INSURER A: ACCELERANT NATIONAL INS CO                   | 10220   |  |  |  |
| INSURED   | INSURER B: CONTINENTAL CASUALTY INS CO                  | 20443   |  |  |  |
| ALTA MESA TOWNHOWMES ASSOCIATION                      | INSURER C: AMTRUST INSURANCE CO                         | 15954   |  |  |  |
| C/O VISION COMMUNITY MANAGEMENT                       | INSURER D:  |         |  |  |  |
| 16625 S DESERT FOOTHILLS PARKWAY<br>PHOENIX, AZ 85048 | INSURER E:  |         |  |  |  |
| THOEKIN, THE 650 TO                                   | INSURER F:  |         |  |  |  |
| COVED A CEC CEDITION OF NUMBER                        | DEVICION NUMBER   |         |  |  |  |

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<br>LTR |  | ADDL SUBR<br>INSD WVD | POLICY NUMBER | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMITS  |
|-------------|--|-----------------------|---------------|----------------------------|----------------------------|---|
| A           | COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE  OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY JECT  OTHER:  | Y                     | N030PK2429-01 | 1/13/2025                  | 1/13/2026                  | EACH OCCURRENCE   \$ 1,000,000  |
| В           | DIRECTORS AND OFFICERS  X CLAIMS MADE OCCURRENCE FIDELITY  | Y                     | 618944739     | 1/13/2025                  | 1/13/2026                  | EACH OCCURRENCE   \$ 1,000,000   \$   \$   \$   \$   \$   \$   \$   \$   \$ |
| В           | X & CRIME  UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$   |                       | 618944739     | 1/13/2025                  | 1/13/2026                  | EACH OCCURRENCE \$ 500,000  EACH OCCURRENCE \$  AGGREGATE \$  \$            |
| С           | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | N/A                   | TWC3946756    | 1/13/2025                  | 1/13/2026                  | PER   OTH-     STATUTE  |
| A           | BUILDING COVERAGE  |                       | N030PK2429-01 | 1/13/2025                  | 1/13/2026                  | \$40,592,036<br>Guaranteed Replacement Cost                                 |

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

BUILDING COVERAGE INCLUDES EXTERIOR OF THE BUILDINGS, INTERIOR OF THE UNITS AND BETTERMENTS AND IMPROVEMENTS TO THE INTERIOR OF THE UNITS. DEDUCTIBLE \$10,000 PER OCCURRENCE OR \$25,000 WATER LOSS DEDUCTIBLE PER OCCURRENCE.

124 UNITS: SPECIAL FORM COMMON AREA INCLUDED IN COVERAGE

POLICY INCLUDES BUILDING ORDINANCE A,B,C: BOILER / MACHINERY, SEPARATION OF INSUREDS AND INFLATION GUARD.

WIND/HAIL ARE INCLUDED PERILS.

MANAGEMENT COMPANY IS ADDITIONAL INSURED ON GL, CRIME AND D&O

| CERTIFICATE HOLDER   | CANCELLATION   |
|--|--|
| VISION COMMUNITY MANAGEMENT<br>16625 S DESERT FOOTHILLS PARKWAY<br>PHOENIX, AZ 85048 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN 30 DAYS. |
|  | AUTHORIZED REPRESENTATIVE  |
| Ī  | Matt Lundgren  |
|  | © 1000 2014 A CODD CODDOD A TION All wights recognized   |

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