

## Policy Number: 605064573

Date Entered: 01/18/2022

DATE (MM/DD/YYYY) 1/17/2025

CERTIFICATE OF LIABILITY INSURANCE

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).

PRODUCER	Cox Insurance Services	CONTACT NAME:			
		PHONE (A/C, No, Ext): (480) 907-6000 FAX (A/C, No): (480)	664-8275		
	10007 N. Flank Bloyd Wilght Bivd	E-MAIL ADDRESS: certificate@coxinsurance.net			
	Suite 101	INSURER(S) AFFORDING COVERAGE	NAIC#		
	Scottsdale, AZ 85259	INSURER A: Mid-Century Insurance Company	21687		
INSURED	Volterra Community Association	INSURER B:			
	c/o Vision Community Management	INSURER C:			
	16625 S. Desert Foothills Pkwy.	INSURER D:			
	Phoenix, AZ 85048	INSURER E:			
		INSURER F:			
COVERAG	GES CEPTIFICATE NUMBER:	PEVISION 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	NSR LTR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY				,	(	EACH OCCURRENCE	\$2,000,000
	CLAIMS-MADE OCCUR	$\times$		605064573	2/1/2025	2/1/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$75,000
	D&O- \$1,000,000						MED EXP (Any one person)	<sub>\$</sub> 5,000
	DED- \$1,000						PERSONAL & ADV INJURY	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	<sub>\$</sub> 4,000,000
	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
A	ANY AUTO			605064573	2/1/2025	2/1/2026	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
	HIRED 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						PER OTH- STATUTE ER	
	AND EMPLOYERS LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT	\$
	(Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Employee Dishonesty			605064573	02/01/2025	02/01/2026		\$225,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Vision Community Management is an Additional Insured.

Property address: 8360 W Crown King Rd., Tolleson, AZ 85353

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			
	Logan Roberts			