



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/3/2025

**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 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).**

<b>PRODUCER</b>		<b>CONTACT NAME:</b> Scott Shirley	
Neate Dupey Insurance Group		<b>PHONE (A/C, No, Ext):</b> (480) 391-3000	<b>FAX (A/C, No):</b>
8700 E. Vista Bonita Dr. Suite 270		<b>E-MAIL ADDRESS:</b> dee@neatedupey.com	
Scottsdale AZ 85255		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> BERKELY NATIONAL INSURANCE CO	<b>NAIC #</b> 38911
<b>INSURED</b>		<b>INSURER B:</b> CHUBB GROUP OF INSURANCE CO 10052	
Travis Park Homeowners Association		<b>INSURER C:</b>	
16625 S DESERT FOOTHILLS PKWY		<b>INSURER D:</b>	
PHOENIX AZ 85048		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			QDP4AL0002283 10	02/01/2025	02/01/2026	EACH OCCURRENCE	\$ 2,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 2,000,000	
	OTHER:						GENERAL AGGREGATE	\$ 4,000,000	
							PRODUCTS - COMP/OP AGG	\$ 4,000,000	
								\$	
A	<b>AUTOMOBILE LIABILITY</b>			QDP4AL0002283 10	02/01/2025	02/01/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
							\$		
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE	\$	
	<b>EXCESS LIAB</b>						AGGREGATE	\$	
	DED						\$	\$	
	RETENTION \$								
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	
B	<b>DIRECTORS &amp; OFFICERS</b>			ADOAZF180707412	02/01/2025	02/01/2026	LIMIT	\$ 1,000,000	
							RETENTION	\$ 1,000	

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

COMMON AREA COVERAGE - 199 UNITS - COMMON AREA COVERAGE - CROSS STREET - W. ROOSEVELT STREET & 158TH AVE, GOODYEAR, AZ 85338  
 PROPERTY LIMIT \$ 160,000 WITH \$ 1,000 DEDUCTIBLE. REPLACEMENT COST, ORDINANCE OR LAW COV A IS INCLUDED IN BUILDING LIMIT, COV B & C LIMIT \$40,000. EQUIPEMTN BREAKDWON COVERAGE \$160,000 WITH \$1,000 DED.  
 CRIME/FIDELITY POLICY WITH PMA COMPANIES POLICY # 00507598 \$250,000 LIMIT WITH \$ 2,500 DED  
 VISION COMMUNITY MANAGEMENT is included as additional insured and given a waiver of subrogation by endorsement as required by contact.

**CERTIFICATE HOLDER CANCELLATION**

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  <b>SCOTT SHIRLEY</b>