

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

5/2/2025

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> Cox Insurance Services 10607 N. Frank Lloyd Wright Blvd Suite 101 Scottsdale, AZ 85259	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> (480) 907-6000	<b>FAX (A/C, No):</b> (480) 664-8275
	<b>E-MAIL ADDRESS:</b> certificate@coxinsurance.net	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Mid-Century Insurance Company	
	<b>INSURER B:</b> Federal Insurance Company	
<b>INSURED</b> Desert Foothills Condominium Association c/o Vision Community Management 16625 S. Desert Foothills Pkwy. Phoenix, AZ 85048	<b>NAIC #</b>	
	21687	
	<b>INSURER C:</b> AM TRUST	
	<b>INSURER D:</b>	
	<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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>D&amp;O \$1,000,000</b> <input type="checkbox"/> <b>DED \$1,000</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		607126500	05/17/2025	05/17/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>		607126500	05/17/2025	05/17/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>EXCESS LIAB</b> DED <input type="checkbox"/> RETENTION \$	<input checked="" type="checkbox"/>		Binder	05/17/2025	05/17/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A	Binder	05/17/2025	05/17/2026	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$ \$1,000,000 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)

**\*30 DAYS WRITTEN NOTICE OF CANCELLATION REQUIRED. 10 DAYS NOTICE OF CANCELLATION FOR NONPAYMENT.**

RealManage, LLC dba Vision Community Management is listed as Additional Insured.

**CERTIFICATE HOLDER****CANCELLATION**RealManage, LLC  
dba 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

**EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY)

5/2/2025

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

<b>AGENCY</b> Cox Insurance Services 10607 N. Frank Lloyd Wright Blvd Suite 101 Scottsdale, AZ 85259		<b>PHONE</b> (A/C, No, Ext): (480) 907-6000		<b>COMPANY</b> Mid-Century Insurance Company 4680 WILSHIRE BLVD LOS ANGELES, CA 90010	
<b>FAX</b> (A/C, No): (480) 664-8275		<b>E-MAIL ADDRESS:</b> certificate@coxinsurance.net			
<b>CODE:</b>		<b>SUB CODE:</b>			
<b>AGENCY CUSTOMER ID #:</b>					
<b>INSURED</b> Desert Foothills Condominium Association  c/o Vision Community Management 16625 S. Desert Foothills Pkwy. Phoenix, AZ 85048		<b>LOAN NUMBER</b>		<b>POLICY NUMBER</b> 607126500	
		<b>EFFECTIVE DATE</b> 05/17/2025		<b>EXPIRATION DATE</b> 05/17/2026	
				<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>					

**PROPERTY INFORMATION**

<b>LOCATION/DESCRIPTION</b>  1345 E Chandler Blvd, Phoenix, AZ 85048
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**COVERAGE INFORMATION**

PERILS INSURED

BASIC

BROAD

☒ SPECIAL

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Blanket Building Coverage With Extended Replacement Cost - 150%	\$5,201,587	\$2,500
Employee Dishonesty	\$100,000	\$2,500
Equipment Breakdown	Included	\$2,500
Building Ordinance Or Law - A	Included	None
Building Ordinance Or Law - B & C (Demo & ICC) Combined	\$250,000	None
Building Ordinance or Law - Increased Period of Restoration	Included	None
Unit Owners coverage	Excluded	

**REMARKS (Including Special Conditions)**

30 DAYS WRITTEN NOTICE OF CANCELLATION REQUIRED. 10 DAYS NOTICE OF CANCELLATION FOR NONPAYMENT.

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**ADDITIONAL INTEREST**

<b>NAME AND ADDRESS</b>          MASTER	<b>ADDITIONAL INSURED</b>	<b>LENDER'S LOSS PAYABLE</b>	<b>LOSS PAYEE</b>
	<b>MORTGAGEE</b>		
	<b>LOAN #</b>		
	<b>AUTHORIZED REPRESENTATIVE</b> 		