

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/03/2025

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).

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PRODUCER		CONTACT NAME:					
Douglas Bell(88062F7) 9059 W Lk Pleasant Pkwy # G76	60	PHONE (A/C, NO, EXT): 623-745-4500	FAX (A/C, NO):				
Peoria AZ	85382-8336	E-MAIL ADDRESS: dbell2@farmersagent.com					
, _	3332 3333	INSURER(S) AFFORDING CO	NAIC#				
INSURED		INSURER A: Truck Insurance Exchange	21709				
		เทรบRER B: Farmers Insurance Exchan	ge	21652			
THE BROWNSTONES AT TEMP	,	INSURER C: Mid Century Insurance Com	21687				
16625 S DESERT FOOTHILLS F		INSURER D:					
C/O VISION COMMUNITY MGN PHOENIX	AZ 85048	INSURER E:					
FHOLINIA	AZ 00040	INSURER F:					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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			ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
	COMMERCIAL GENERAL LIABILITY								EACH OCCURRENCE	\$	2,000,000		
		CLAIMS-	-MADE		X OCCUR						DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$	75,000
											MED EXP (Any one person)	\$	5,000
С	С				606761317	09/19/2025	09/19/2026	PERSONAL & ADV INJURY	\$	2,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	\$	4,000,000		
	POLICY PROJECT LOC								PRODUCTS - COMP/OP AGG	\$	2,000,000		
	OTHER:									\$			
	AUTOMOBILE LIABILITY ANY AUTO								COMBINED SINGLE LIMIT (Ea accident)	\$	2,000,000		
										BODILY INJURY (Per person)	\$		
С		OWNED AUTO	os		SCHEDULED AUTOS			606761317	09/19/2025	09/19/2026	BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS 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 STATUTE OTHER	\$				
ANY PROPRIETOR/PARTNER/ Y/N			N/A					E.L. EACH ACCIDENT	\$				
EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A					E.L. DISEASE - EA EMPLOYEE	\$					
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$				
C Directors & Officers Liability Fidelity/Employee Dishonesty					606761317	09/19/2025	09/19/2026			2,000,000			

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 16625 S DESERT FOOTHILLS PKWY, PHOENIX, AZ 85048

Certificate Holder is Additional Insured Outdoor Building Coverage - \$50,000

CERTIFICATE HOLDER	₹			CANCELLATION				
	Real Manage, LLC/Vision Commur 16625 S Desert Foothills Pkwy	nity Ma	anagement	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	ΑZ	85048	AUTHORIZED REPRESENTATIVE				