

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

| this certificate does not come ingrits to the certificate notice in ned of such endorsement(s). | | | | | | |
|---|---------------------|---|--------|--|--|--|
| PRODUCER | | NAME: Kelsy De Lay | | | | |
| Neate Dupey Insurance Group | | PHONE (A/C, No, Ext): (480) 391-3000 FAX (A/C, No): | | | | |
| 8700 E. Vista Bonita Dr. Suite 270 | | ADDRESS: Kelsy@neatedupey.com | | | | |
| | | INSURER(S) AFFORDING COVERAGE | NAIC # | | | |
| Scottsdale | AZ 85255 | INSURER A: LIO INSURANCE | 11075 | | | |
| INSURED | | INSURER B: AmTrust Insurance Company | 15954 | | | |
| Southern Crossing Homeowners Association | | INSURER C: CONTINENTAL CASUALTY COMPANY | 20443 | | | |
| 16625 S DESERT FOOTHILLS PKWY | | INSURER D: | | | | |
| | | INSURER E: | | | | |
| PHOENIX | AZ 85048-8470 | INSURER F: | | | | |
| COVEDAGES | CEDTIFICATE NUMBED: | DEVISION NUMBED: | | | | |

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 | | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | S |
|-------------|---|-------|------|------------------|----------------------------|----------------------------|---|--------------|
| A | COMMERCIAL GENERAL LIABILITY | | **** | | (,22,) | (| EACH OCCURRENCE | \$ 2,000,000 |
| | CLAIMS-MADE OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000 |
| | | _ Y | | HOA1000026742-02 | 10/16/2025 | 10/16/2026 | MED EXP (Any one person) | \$ 5,000 |
| | | | Y | | | | PERSONAL & ADV INJURY | \$ 2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$ 4,000,000 |
| | POLICY PRO- JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ 4,000,000 |
| | OTHER: | | | | | | | \$ |
| A | AUTOMOBILE LIABILITY | | | HOA1000026742-02 | 10/16/2025 | 10/16/2026 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | OWNED SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ |
| | HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | \$ |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$ |
| | DED RETENTION \$ | | | | | | | \$ |
| В | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | N N/A | | | 10/18/2025 | 10/18/2026 | X PER STATUTE OTH- | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE | | | KWC1411243 | | | E.L. EACH ACCIDENT | \$ 1,000,000 |
| | (Mandatory in NH) | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 |
| | DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 |
| C | D: 100 | | | | | | Limit | \$1,000,000 |
| | Directors and Officers | | | 768580505 | 10/16/2025 | 10/16/2026 | Retention | \$1,000 |
| 1 | | | | | | | | |

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

As per written contract, Blanket Additional Insured for General Liability in favor of Certificate Holder applies. HOA HAS 84 HOMES COMMON AREA ONLY, Management Company Listed as additional insured on GL, and D&O. Outdoor property coverage of \$93,500, \$1,000 deductible Crime coverage of \$250,000, \$1,000 deductible

Location: 1418 E Wayland Dr, Phoenix AZ 85040

| CERTIFICATE HOLDER | CANCELLATION | | | |
|---|--|--|--|--|
| Real Manage of Brands / Vision Community Management | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | |
| 16625 S Desert Foothills Pkwy | AUTHORIZED REPRESENTATIVE | | | |
| Phoenix AZ 85048 | SCOTT SHIRLEY | | | |