



CERTIFICATE OF LIABILITY INSURANCE

DATE
1/14/2025

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 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 LUNDGREN INSURANCE AGENCY 2 N CENTRAL AVE STE 1800 PHOENIX, AZ 85004		CONTACT NAME: MATT LUNDGREN PHONE (A/C, No, Ext): 602-218-6022 FAX (A/C, No): 800-878-3151 E-MAIL ADDRESS: CS@lundgreninsuranceagency.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: ACCELERANT NATIONAL INS CO	10220
		INSURER B: CONTINENTAL CASUALTY INS CO	20443
		INSURER C: AMTRUST INSURANCE CO	15954
		INSURER D:	
		INSURER E:	
		INSURER F:	

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:	Y	N030PK2429-01	1/13/2025	1/13/2026	EACH OCCURRENCE \$ 1,000,000	
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000	
						MED EXP (Any one person) \$ 5,000	
						PERSONAL & ADV INJURY \$ 1,000,000	
						GENERAL AGGREGATE \$ 2,000,000	
						PRODUCTS - COMP/OP AGG \$ 2,000,000	
B	DIRECTORS AND OFFICERS ☒ CLAIMS MADE ☐ OCCURRENCE ☐ FIDELITY & CRIME	Y	618944739	1/13/2025	1/13/2026	EACH OCCURRENCE \$ 1,000,000	
B	☒		618944739	1/13/2025	1/13/2026	EACH OCCURRENCE \$ 500,000	
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$					EACH OCCURRENCE \$	
						AGGREGATE \$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N ☐	N / A	TWC3946756	1/13/2025	1/13/2026	PER STATUTE OTH-ER
							E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	BUILDING COVERAGE		N030PK2429-01	1/13/2025	1/13/2026	\$40,592,036 Guaranteed Replacement Cost	

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

BUILDING COVERAGE INCLUDES EXTERIOR OF THE BUILDINGS, INTERIOR OF THE UNITS AND BETTERMENTS AND IMPROVEMENTS TO THE INTERIOR OF THE UNITS. DEDUCTIBLE \$10,000 PER OCCURRENCE OR \$25,000 WATER LOSS DEDUCTIBLE PER OCCURRENCE. 124 UNITS: SPECIAL FORM COMMON AREA INCLUDED IN COVERAGE
 POLICY INCLUDES BUILDING ORDINANCE A,B,C: BOILER / MACHINERY, SEPARATION OF INSURED AND INFLATION GUARD.
 WIND/HAIL ARE INCLUDED PERILS.
 MANAGEMENT COMPANY IS ADDITIONAL INSURED ON GL, CRIME AND D&O

CERTIFICATE HOLDER

VISION COMMUNITY MANAGEMENT
 16625 S DESERT FOOTHILLS PARKWAY
 PHOENIX, AZ 85048

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN 30 DAYS.

AUTHORIZED REPRESENTATIVE

Matt Lundgren