



WESTCRO-01

KYLESTOCKING

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/5/2026

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).

|                                                                                                                                                   |                                                   |                               |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------|--|
| PRODUCER<br>NFP Property & Casualty Services, Inc.<br>NFP P & C Mountain<br>PO Box 840801<br>Los Angeles, CA 90084-0801                           | CONTACT NAME:                                     |                               |  |
|                                                                                                                                                   | PHONE (A/C, No, Ext): (702) 368-4217              | FAX (A/C, No): (702) 368-4219 |  |
|                                                                                                                                                   | E-MAIL ADDRESS:                                   |                               |  |
|                                                                                                                                                   | INSURER(S) AFFORDING COVERAGE                     | NAIC #                        |  |
|                                                                                                                                                   | INSURER A : StarNet Insurance Company             | 40045                         |  |
| INSURED<br>Western Crossing Homeowners Association, Inc.<br>C/O Vision Community Management<br>16625 S Desert Foothills Pkwy<br>Phoenix, AZ 85048 | INSURER B : SiriusPoint America Insurance Company | 38776                         |  |
|                                                                                                                                                   | INSURER C : Great American Insurance Company      | 16691                         |  |
|                                                                                                                                                   | 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 INSD | SUBR WVD | POLICY NUMBER    | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                   |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|------------------|-------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | X         |          | QDP4AL0001897-12 | 5/28/2026               | 5/28/2027               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| A        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                                      | X         |          | QDP4AL0001897-12 | 5/28/2026               | 5/28/2027               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$                                                                                |
| B        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$                                                                                                                        | X         |          | XUMB25-004194    | 5/28/2026               | 5/28/2027               | EACH OCCURRENCE \$ 2,000,000<br>AGGREGATE \$ 2,000,000                                                                                                                                                                                   |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                              |           | N/A      |                  |                         |                         | PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                                                                                                                           |
| A        | Crime/Emp Dishonesty                                                                                                                                                                                                                                                                                                | X         |          | QDP4AL0001897-12 | 5/28/2026               | 5/28/2027               | \$1,000 Deductible 25,000                                                                                                                                                                                                                |
| C        | Directors & Officers                                                                                                                                                                                                                                                                                                | X         |          | EPPE913668       | 5/28/2026               | 5/28/2027               | Retention \$1,000 1,000,000                                                                                                                                                                                                              |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
RE: 687 W Keating St, Florence, AZ 85132

Company A: Common Area Property \$281,452 Limit, Outdoor Property \$50,000 Limit; Deductible \$5,000

Vision Community Management is listed as additional insured with respect to general liability

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                                   |                                                                                                                                                                |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vision Community Management<br>16625 S Desert Foothills Pkwy<br>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<br>                                                                                                                                  |