

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/14/2026

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 Neate Dupey Insurance Group 8700 E. Vista Bonita Dr. Suite 270 Scottsdale AZ 85255	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Dee Dungan</td> </tr> <tr> <td>PHONE (A/C, No, Ext): (480) 391-3000</td> <td>FAX (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: Dee@neatedupey.com</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: HARTFORD UNDERWRITERS INS CO</td> <td>NAIC # 30104</td> </tr> <tr> <td>INSURER B: STARNET INSURANCE CO</td> <td>40045M</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	CONTACT NAME: Dee Dungan		PHONE (A/C, No, Ext): (480) 391-3000	FAX (A/C, No):	E-MAIL ADDRESS: Dee@neatedupey.com		INSURER(S) AFFORDING COVERAGE		INSURER A: HARTFORD UNDERWRITERS INS CO	NAIC # 30104	INSURER B: STARNET INSURANCE CO	40045M	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURED Veritas At McCormick Ranch Condominium Association 16625 S Desert Foothills Pkwy Phoenix AZ 85048-8470																					

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. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. *Not Applicable in WY

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY	Y	Y	59SBAAT6EC3	09/16/2026	09/16/2027	EACH OCCURRENCE \$ 2,000,000
	☐ CLAIMS-MADE ☒ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 2,000,000
							GENERAL AGGREGATE \$ 4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☒ OTHER: Employee Dishonesty						PRODUCTS - COMP/OP AGG \$ 4,000,000
							Limit / Ded \$ \$ 50,000 / \$5,000
A	AUTOMOBILE LIABILITY	Y		59SBAAT6EC3	09/16/2026	09/16/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
	☐ ANY AUTO						
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						
	☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY						
	☐						
	UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE \$
	DED ☐ RETENTION \$						\$
	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				PER STATUTE ☐ OTH-ER ☐
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
B	Directors and Officers	Y		QDO0011242-01	09/16/2026	09/16/2027	LIMIT \$ 1,000,000 DED \$2,500

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

Real Manage Family of Brands / Vision Community Management is included as additional insured and given a waiver of subrogation by endorsement. Notice of cancellation will be provided to cert holder.

CERTIFICATE HOLDER**CANCELLATION**

Real Manage Family of Brands / Vision Community Management 16625 S Desert Foothills Parkway 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 SCOTT SHIRLEY
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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

09/14/2026

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.

AGENCY Neate Dupey Insurance Group 8700 E. Vista Bonita Dr. Suite 270 Scottsdale AZ 85255	PHONE (A/C, No, Ext): (480) 391-3000	COMPANY HARTFORD UNDERWRITERS INSURANCE CO. NAIC# 30104
FAX (A/C, No):	E-MAIL ADDRESS: dee@neatedupey.com	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #:		
INSURED Veritas at McCormick Ranch Condominium Association 16625 S DESERT FOOTHILLS PKWY PHOENIX AZ 85048	LOAN NUMBER	POLICY NUMBER 59SBAAT6EC3
	EFFECTIVE DATE 09/16/2026	EXPIRATION DATE 09/16/2027
		CONTINUED UNTIL TERMINATED IF CHECKED
	THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION

LOCATION/DESCRIPTION

8333 E VIA PASEO DEL NORTE, SCOTTSDALE, AZ 85258
10 Buildings, 36 units and common areas

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

PERILS INSURED	BASIC	BROAD	☒ SPECIAL
COVERAGE / PERILS / FORMS			
BUILDING-BLANKET LIMIT			
125 % EXTENDED REPLACEMENT COST , NO CO-INSURANCE			
BUILDING ORDINANCE OR LAW - COV A INCLUDED IN BUILDING LIMIT, COV B&C			
EQUIPMENT BREAKDOWN INCLUDED			
BARE WALLS COVERAGE-Less Improvements and Betterments			
WIND/HAIL COVERAGE INCLUDED			
INFLATION GUARD INCLUDED - YEARLY REVIEW			
CRIME/FIDELITY			
		AMOUNT OF INSURANCE	DEDUCTIBLE
		\$17,239,500	\$5,000
		\$250,000	
		\$50,000	\$5,000

REMARKS (Including Special Conditions)

10 BUILDINGS, 36 UNITS, Management company included as additional insured on Directors and Officers, General Liability and Employee Dishonesty. Policy includes severability coverage. 30 DAY NOTICE OF CANCELLATION APPLIES.
D&O POLICY #QDO0011242, STARNET INSURANCE CO., \$ 1,000,000 LIMIT WITH \$ 2,500 DED.
LIABILITY INCLUDED ON THIS POLICY WITH HARTFORD \$ 2 MIL EA OCCURENCE LIMIT AND \$4 Mil AGGREGATE.

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

NAME AND ADDRESS	ADDITIONAL INSURED	LENDER'S LOSS PAYABLE	LOSS PAYEE
	MORTGAGEE	☒ EVIDENCE OF INSURANCE	
PROOF OF INSURANCE	LOAN #		
	AUTHORIZED REPRESENTATIVE		
	SCOTT SHIRLEY		



8700 E Vista Bonita Dr #270 Scottsdale, AZ 85255
Phone (480) 391 3000 scott@neatedupey.com

Veritas at McCormick Ranch Condominium Association master insurance policy coverage

Key information regarding the Associations insurance policy

The Hartford Insurance Company is the company of record for the master insurance policy.

PROPERTY insurance on the general common elements and units is covered as a bare walls coverage policy.
Special form replacement cost coverage applies. Policy written as per CCR requirements.

LIABILITY insurance; \$2,000,000 with Hartford Insurance.
DIRECTORS & OFFICERS coverage; \$1,000,000 with StarNet Insurance.
FIDELITY BOND \$50,000 with Hartford Insurance.

The master insurance policy property deductible is \$10,000.00.
CLAIMS MUST BE FILED THROUGH THE PROPERTY MANAGEMENT COMPANY.

Unit owner's insurance needs.

Note: Unit owners' personal property and personal liability within the unit is not covered under the master policy. Coverage's follow the language of the CCR's.

You need an individual Condominium owner's policy to pick up coverage for your personal property and personal liability, which is known as an HO6 policy.
Contact your personal insurance agent or our office to make sure you are adequately insured. Neate Dupey Personal lines Nicole Gudgell 480 391 3000

To request evidence of insurance for a lender please email request to:
clientservices@neatedupey.com / dee@neatedupey.com

Note: this is intended to provide a summary of insurance. This is not a policy. In all cases the declarations, terms, conditions, and exclusions of the actual policy will apply.