

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/18/2026

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 JUSTIN SAUNDERS INSURANCE AGENCY LLC 70 Tortilla Dr Sedona, AZ 86336	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Carol Riney carol.jsaunders2@farmersagency.com</td> </tr> <tr> <td>PHONE (A/C, No. Ext): (928)282-6052</td> <td>FAX (A/C, No): (928)282-5355</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: jsaunders2@farmersagent.com</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A : Truck Insurance Exchange</td> <td>NAIC # 21709</td> </tr> <tr> <td colspan="2">INSURER B :</td> </tr> <tr> <td colspan="2">INSURER C :</td> </tr> <tr> <td colspan="2">INSURER D :</td> </tr> <tr> <td colspan="2">INSURER E :</td> </tr> <tr> <td colspan="2">INSURER F :</td> </tr> </table>	CONTACT NAME: Carol Riney carol.jsaunders2@farmersagency.com		PHONE (A/C, No. Ext): (928)282-6052	FAX (A/C, No): (928)282-5355	E-MAIL ADDRESS: jsaunders2@farmersagent.com		INSURER(S) AFFORDING COVERAGE		INSURER A : Truck Insurance Exchange	NAIC # 21709	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURED TOWNHOMES AT MOUNTAIN SPRINGS C/O VISON COMMUNITY MGMT-REAL MGMT 16625 S Desert Foothills Parkway Phoenix, AZ 85048																					

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

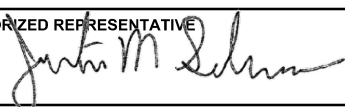
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY			607094893	10/16/2026	10/16/2027	EACH OCCURRENCE \$ 2,000,000
	☐ CLAIMS-MADE ☒ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 75,000
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ included				
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 4,000,000
	☒ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						PrefComAssocMgmt \$ see details below
A	AUTOMOBILE LIABILITY			607094893	10/16/2026	10/16/2027	COMBINED SINGLE LIMIT (Ea accident) \$
	☐ ANY AUTO						BODILY INJURY (Per person) \$
	☐ OWNED AUTOS ONLY ☒ SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	☐ HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED ☐ RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE ☐ OTH-ER ☐
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N ☐	N / A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	PrefComAssocMgmt-Inclcd D&O-\$25K retention			607094893	10/16/2026	10/16/2027	Per Claim Aggregate 1,000,000 1,000,000

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

Planned unit development / Townhomes - 16 buildings - 32 units From 4551 E Allison Dr. Flagstaff, AZ 86004. Unit owners need their own insurance for building unit, personal property and personal liability.

Vision Community Mangement REALMANAGE Family of Brands is additional insured (Property Manager).

CERTIFICATE HOLDER**CANCELLATION**

TOWNHOMES AT MOUNTAIN SPRINGS HOA C/O REAL MANAGEMENT 16625 S. DESERT FOOTHILLS PARKWAY PHOENIX, AZ 85048 Phone 480.759.4945	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 
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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

9/18/2026

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 JUSTIN SAUNDERS INSURANCE AGENCY LLC 70 Tortilla Dr Sedona, AZ 86336	PHONE (A/C, No, Ext): (928)282-6052	COMPANY Truck Insurance Exchange
FAX (A/C, No): (928)282-5355	E-MAIL ADDRESS: jsaunders2@farmersagent.com	
CODE: AGENCY CUSTOMER ID #:	SUB CODE:	
INSURED TOWNHOMES AT MOUNTAIN SPRINGS C/O VISON COMMUNITY MGMT REAL MANGE 16625 S Desert Foothills Parkway Phoenix, AZ 85048	LOAN NUMBER	POLICY NUMBER 607095893
	EFFECTIVE DATE 10/16/2026	EXPIRATION DATE 10/16/2027
		☒ CONTINUED UNTIL TERMINATED IF CHECKED
	THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION

LOCATION/DESCRIPTION TOWNHOMES AT MOUNTAIN SPRINGS HOA FROM: 4551 E ALLISON Dr.	Planned Unit Development - 16 bldgs - 32 units Flagstaff AZ 86004
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

AMOUNT OF INSURANCE

DEDUCTIBLE

Buildings	None	
Association Fees and Extra Expense	100,000	none
Employee Dishonesty	150,000	2,500
Outdoor Property (including trees, shrubs, plant @ \$500 each)	30,000	2,500
Specified Property (such as signs, fences, mailboxes)	109,000	2,500
Ordinance or Law - (1) undamaged portion	included	
(2) demolition cost	25,000	none
(3) increased cost	10,000	none

REMARKS (Including Special Conditions)

Planned unit development (PUD) Homeowner association. Unit owners need their own coverage for unit, personal property and personal liability.

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 Verification of Insurance	ADDITIONAL INSURED ☐	LENDER'S LOSS PAYABLE ☐	LOSS PAYEE ☐
	MORTGAGEE ☐		
	LOAN #		
AUTHORIZED REPRESENTATIVE 