

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/11/2026

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><b>JUSTIN SAUNDERS INSURANCE AGENCY LLC</b><br>70 Tortilla Dr<br>Sedona, AZ 86336                                                  | CONTACT NAME: Carol Riney, CSR carol.jsaunders2@farmersagency.com<br>PHONE (A/C, No, Ext): (928)282-6052 FAX (A/C, No): (928)282-5355<br>E-MAIL ADDRESS: jsaunders2@farmersagent.com |
| INSURED<br><b>The Cottages at Cedar Ridge Inc.</b><br>c/o Vision Community Management<br>16625 S Desert Foothills Parkway<br>Phoenix, AZ 85048 | INSURER(S) AFFORDING COVERAGE<br>INSURER A : <b>Mid-Century Insurance Company</b> NAIC # <b>21687</b><br>INSURER B :<br>INSURER C :<br>INSURER D :<br>INSURER E :<br>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. 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        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                                   |          | 606296521     | 8/29/2026               | 8/28/2027               | EACH OCCURRENCE \$ 2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 75,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ included<br>GENERAL AGGREGATE \$ 4,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>D&O \$ 2,000,000 |
| A        | AUTOMOBILE LIABILITY<br>ANY AUTO<br>OWNED AUTOS ONLY<br>HIRED AUTOS ONLY<br>SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/>                                                                                                                                   |                                   |          | 606296521     | 8/29/2026               | 8/11/2027               | COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                                            |
|          | UMBRELLA LIAB<br>EXCESS LIAB<br>DED RETENTION \$                                                                                                                                                                                                                                       |                                   |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$                                                                                                                                                                                                                   |
|          | 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                                                                                                 | Y / N<br><input type="checkbox"/> | N / A    |               |                         |                         | PER STATUTE<br>OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                                                                                                                                          |

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

Planned unit development Homeowners Association with 50 units. 2624-2690 W Jaclyn Drive, Flagstaff, Az 86001  
Unit owners need their own coverage for building, personal property and personal liability.  
Vision Community Management (Property manager) is additional insured for Liability coverage.

## CERTIFICATE HOLDER

## CANCELLATION

|                           |                                                                                                                                                                |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Verification of Insurance | 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>                                             |



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

8/11/2026

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<br><b>JUSTIN SAUNDERS INSURANCE AGENCY LLC</b><br>70 Tortilla Dr<br>Sedona, AZ 86336                                                                             |                                                       | PHONE<br>(A/C, No, Ext): <b>(928)282-6052</b> | COMPANY<br><br><b>Mid-Century Insurance Company</b> |                                                                              |
| FAX<br>(A/C, No): <b>(928)282-5355</b>                                                                                                                                  | E-MAIL<br>ADDRESS: <b>jsaunders2@farmersagent.com</b> |                                               |                                                     |                                                                              |
| CODE:<br>AGENCY<br>CUSTOMER ID #:                                                                                                                                       | SUB CODE:                                             |                                               |                                                     |                                                                              |
| INSURED<br><br><b>The Cottages at Cedar Ridge Inc.</b><br><b>c/o Vision Community Management</b><br><b>16625 S Desert Foothills Parkway</b><br><b>Phoenix, AZ 85048</b> |                                                       |                                               | LOAN NUMBER                                         | POLICY NUMBER<br><b>606296521</b>                                            |
| EFFECTIVE DATE<br><b>8/29/2026</b>                                                                                                                                      |                                                       | EXPIRATION DATE<br><b>8/29/2027</b>           |                                                     | <input checked="" type="checkbox"/> CONTINUED UNTIL<br>TERMINATED IF CHECKED |
| THIS REPLACES PRIOR EVIDENCE DATED:                                                                                                                                     |                                                       |                                               |                                                     |                                                                              |

## PROPERTY INFORMATION

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| LOCATION/DESCRIPTION<br><br><b>2624-2690 W Jaclyn Dr.</b><br><b>Flagstaff</b>                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Planned unit Development HOA - with 50 units</b><br><br><b>AZ 86001</b> |
| 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

| COVERAGE / PERILS / FORMS                                      |  |  |  | AMOUNT OF INSURANCE | DEDUCTIBLE |
|----------------------------------------------------------------|--|--|--|---------------------|------------|
| Building                                                       |  |  |  | 1                   | 2,500      |
| Association Fees and Extra Expense                             |  |  |  | 100,000             | none       |
| Employee Dishonesty                                            |  |  |  | 100,000             | 2,500      |
| Outdoor Property (including trees, shrubs & Plants \$500/item) |  |  |  | 25,000              | 2,500      |
| Specified Property - such as Fences, mailboxes etc.            |  |  |  | 109,000             | 2,500      |
| Outdoor signs (\$1000/sign)                                    |  |  |  | 2,500               | 500        |
| Building Ordinance or Law (1) undamaged portion                |  |  |  | included            |            |
| (2) demolition cost                                            |  |  |  | 25,000              | none       |
| (3) increased cost                                             |  |  |  | 10,000              | none       |

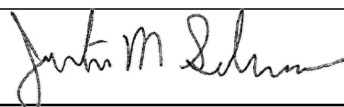
## REMARKS (Including Special Conditions)

This is a Planned Unit Development (PUD) homeowners association with 50 units. Unit owners need their own coverage for dwelling, (including assessment coverage in the event the HOA assess the deductible for a covered claim to unit owners), personal property and personal liability coverage.

## 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<br><b>Verification of Insurance</b>                                                               | ADDITIONAL INSURED | LENDER'S LOSS PAYABLE | LOSS PAYEE |
|                                                                                                                    | MORTGAGEE          |                       |            |
|                                                                                                                    | LOAN #             |                       |            |
| AUTHORIZED REPRESENTATIVE<br> |                    |                       |            |