

Policy Number: 60675 92 25

Date Entered: 8/27/2019

DATE (MM/DD/YYYY) 8/31/2022

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

CERTIFICATE OF LIABILITY INSURANCE

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 liqu of such endorsement(s).

tł	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).													
PRO	DUCER	Wasse W. Baranash Tarana						CONTACT NAME: Kara K. Anspach						
Kara K. Anspach Insu							PHONE (A/C, No, Ext): (480) 998-8070 FAX (A/C, No): (4				(480)	951-3519		
7077 East Marilyn Roa			ad #125					E-MAIL ADDRESS: kara@karains.com						
Scottsdale, AZ 85254								INSURER(S) AFFORDING COVERAGE					NAIC #	
								INSURER A: Farmers					NAIC#	
INSURED Villas Montanas Homeon				mers Association				INSURER B:						
VIII US		VIIIAS MONCANAS HOMEOV	TOTAL TOTAL NOTICE OF THE PROPERTY OF THE PROP											
		C/O Vision Community Management						INSURER C:						
		16625 S Desert Foothills Parkway						INSURER D:						
Phoenix, AZ 85048			IIS Tarkway					INSURER E :						
		,						INSURER F:						
	VERA		RTIFICATE 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 PERI INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH TI CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERI EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR ADDLISUBR POLICY EFF POLICY EXP												WHICH THIS		
INSR LTR		TYPE OF INSURANCE	INSD	WVD	P	OLICY	NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT			
A	X	OMMERCIAL GENERAL LIABILITY	\times							DATE OF THE PROPERTY.		7	00,000	
	$\sqcup \!\!\! \perp$	CLAIMS-MADE OCCUR								DAMAGE TO RENTED PREMISES (Ea occurrence)		_{\$} 75,000		
GEN				60675		92	25	9/1/2022	9/1/2023	MED EXP (Any one person)		_{\$} 5,000		
										PERSONAL & ADV INJURY		§ Included		
		AGGREGATE LIMIT APPLIES PER:			GENERAL AGGREGATE					\$ 4 ,000,000				
	P	OLICY PRO- JECT LOC								PRODUCTS - COMP	OP AGG	\$2,000,000		
		OTHER:										\$		
<u> </u>		MOBILE LIABILITY								COMBINED SINGLE (Ea accident)	LIMIT	\$		
		NY AUTO								,		\$		
	C	WNED SCHEDULED AUTOS								BODILY INJURY (Pe	r accident)	\$		
	H	HIRED NON-OWNED AUTOS ONLY								PROPERTY DAMAGE (Per accident)		\$		
	_ A	AUTOS ONLY								(Fer accident)		\$		
A	U	IMBRELLA LIAB OCCUR								EACH OCCURRENCE		¢1,0	00,000	
		XCESS LIAB CLAIMS-MADE			60676		56	9/23/2022	9/23/2023	AGGREGATE		\$		
		ED RETENTION \$								AGGREGATE		\$		
		ERS COMPENSATION								PER STATUTE	OTH- ER	Ψ		
	1	MPLOYERS' LIABILITY ROPRIETOR/PARTNER/EXECUTIVE										\$		
OFFICE (Manda If yes, o DESCF		RYMEMBER EXCLUDED? story in NH) describe under RIPTION OF OPERATIONS below ectors & Officers			60675 92 25					E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE				
												¢		
							2.5	09/01/2022	09/01/2023	E.L. DISEASE - POLICY LIMIT		\$ \$1	000,000	
A		elity Bond	\Diamond		60675	-	_		09/01/2023				,000	
40 Con	sing	N OF OPERATIONS / LOCATIONS / VEHICLE le family homes locate Area Property / \$1,000 CATE HOLDER	d ne	ear	W Base	lin	e Road a	nd S 3rd Ave	nue, Phoen	ix AZ 85041				
		Villas Montanas Home	own	ers	Associ	ati	on							
C/O Vision Community Management SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BE														
		as additional insure	d	-				THE EXPIRATION DATE THEREOF, NOTICE WILL BE				BE DE	LIVERED IN	
ACCORDANCE WITH THE POLICY PROVISIONS. 16625 S Desert Foothills Pkwy														

Phoenix AZ 85048

AUTHORIZED REPRESENTATIVE

Kara K. Anspach