

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/17/2022

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 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).

		rtificate does not confer rights to							require an endorsemen	t. A St	atement on	
PRODUCER The Krueger Insurance Agency						CONTACT CHRISTIAN KRUEGER						
1130 North Val Vista Drive						PHONE (A/C, No, Ext): 480-607-3010 FAX (A/C, No): 480-607-5871						
Suite 101						E-MAIL address: ckrueger@farmersagent.com						
Mesa AZ 85213						INSURER(S) AFFORDING COVERAGE NAIC #						
						INSURER A : Farmers Insurance Exchange				NAIC#		
INSURED PARADISE VIEWS I & III HOA						INSURER B:						
		16625 S DESERT FOOTHILLS PRKWY PHOENIX AZ 85048					INSURER C:					
							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		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	$\overline{}$	COMMERCIAL GENERAL LIABILITY	V				(, 22, ,	,,,,,,			00,000	
		CLAIMS-MADE OCCUR		ш					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 75,0	-	
Α	\Box	L'L AGGREGATE LIMIT APPLIES PER:					02/17/2022	02/17/2023	MED EXP (Any one person)	\$ 5,00		
	П				607190105				PERSONAL & ADV INJURY	· ·	00,000	
	CEN								GENERAL AGGREGATE	\$ 2,000,000		
		PRO.							PRODUCTS - COMP/OP AGG	-	00,000	
	H	<u> </u>							PRODUCTS - COMP/OP AGG	\$ 1,00	70,000	
A	_	OTHER: AUTOMOBILE LIABILITY			 				COMBINED SINGLE LIMIT	ļ .	00,000	
	_	ANY AUTO		Ш	·				(Ea accident) BODILY INJURY (Per person)	\$	70,000	
	H	OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY			607190105		02/17/2022	02/17/2023	BODILY INJURY (Per accident)	-		
					001100100				PROPERTY DAMAGE (Per accident)	\$		
	H								(Per accident)	\$		
	\forall	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	П	EXCESS LIAB CLAIMS-MADE		ш					AGGREGATE	\$		
	H	DED RETENTION\$							ACCRECATE.	\$		
	WOR	KERS COMPENSATION		Ш					PER OTH- STATUTE ER	ļ .		
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE				ш					E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. DISEASE - EA EMPLOYEE \$			
If yes		describe under RIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$			
Α		DING	V		607190105		02/17/2022	02/17/2023	\$13,300	\$2,500	DED	
A		ECTORS & OFFICERS	~		607190105	0105		02/17/2023	\$1,000,000 \$1,000		DED	
A				\Vdash	607190105		02/17/2022 02/17/2022		\$100,000	\$1,000 DED		
		ON OF OPERATIONS / LOCATIONS / VEHICL	FS (/	_		le. mav h			ed)			
		2ND DR, GLENDALE, AZ 85303	(-		, , , , , , , , , , , , , , , , , , , ,	, ,			,			
RES	SIDEN	ITIAL COMMUNITY ASSOCIATIO	N. 13	34 UN	NITS COVERAGE APPLIE	S TO C	OMMON AR	EAS. PROPE	RTY MANAGER IS LIST	TED AS		
ADDITIONAL INSURED ON GENERAL LIABILITY, EMPLOYEE DISHONESTY, AND DIRECTORS & OFFICERS												
CF	RTIFI	CATE HOLDER			CANCELLATION							
		COMMUNITY MANAGEMENT										
		DESERT FOOTHILLS PKWY			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE							
		IX, AZ 85048				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	Ţ						AUTHORIZED REPRESENTATIVE					
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