



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/17/2022

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).

PRODUCER		CONTACT NAME: Scott Shirley	
Neate Dupey Insurance Group		PHONE (A/C, No, Ext): (480) 391-3000	FAX (A/C, No): (480) 391-3456
7400 E Pinnacle Peak Rd. #204		E-MAIL ADDRESS: scott@neatedupey.com	
Scottsdale AZ 85255		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Hartford Underwriters Ins Co	
		INSURER B: Great American insurance Alliance	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED		NAIC #	
Desert Foothills Office Condominium LLC		30104	
16625 S Desert Foothills Pkwy		26832	
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.

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y		59SBAAF8B9L	05/17/2022	05/17/2023	EACH OCCURRENCE \$ 2,000,000 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 PRODUCTS - COMP/OP AGG \$ 4,000,000
A	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		59SBAAF8B9L	05/17/2022	05/17/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$	Y		XUMB22-002456	05/17/2022	05/17/2023	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	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 & Officers			EPPE456712-02	05/17/2022	05/17/2023	Limit \$1,000,000 Deductible \$1,000

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

3 Building Office Condominium Association Policy, Master policy covers the Office Condo Buildings located at 1345 E Chandler Blvd, Phoenix, AZ 85048 (Shell Only Coverage - Tenants are responsible for interior per bylaws) Building Limit \$4,262,400, subject to \$2,500 deductible. Coverage subject to policy forms, terms and conditions. Vision Community Management included as additional insured as required by written contract.

CERTIFICATE HOLDER **CANCELLATION**

Vision Community Management 16625 S DESERT FOOTHILLS PKWY 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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8700 E Vista Bonita Dr. #270 Scottsdale, AZ 85255
Phone (480) 391 3000 scott@neatedupey.com

Desert Foothills Office Condominium Insurance policy coverage summary
Key information regarding the Associations insurance policy

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

PROPERTY: The Association has a shell only coverage policy, meaning Unit owners are responsible for their own interior coverage including finishings, betterments, and improvements. Special form replacement cost coverage applies. Policy written as per CCR requirements.

LIABILITY insurance; \$2,000,000 with Hartford Insurance.
UMBRELLA insurance \$2,000,000 with Great American insurance
DIRECTORS & OFFICERS coverage; \$1,000,000 with Great American Insurance.
FIDELITY BOND; \$100,000 with Hartford Insurance.

The master insurance policy property deductible is \$2,500.00
CLAIMS MUST BE FILED THROUGH THE PROPERTY
MANAGEMENT COMPANY.

Unit owner's insurance needs.

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

You need a Condominium owner's policy to pick up coverage for your individual property, improvements, betterments, and personal liability.

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