



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/29/2022

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 Neate Dupey Insurance Group 8700 E Vista Bonita DR Ste 270 Scottsdale AZ 85255 | CONTACT NAME: Scott Shrley PHONE (A/C, No, Ext): (480) 391-3000 E-MAIL ADDRESS: scott@neatedupey.com | FAX (A/C, No): (480) 391-3456 |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED Zahara Professional Offices Owners Associations 16625 S Desert Foothills Pkwy Phoenix AZ 85048 | INSURER A: HARTFORD UNDERWRITERS INS CO NAIC #: 30104 | |
| | INSURER B: GREAT AMER ALLIANCE INS CO NAIC #: 26832 | |
| | 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 | 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | Y | | 59SBAAH2K9W | 08/22/2022 | 08/22/2023 | EACH OCCURRENCE | \$ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
| | | | | | | | MED EXP (Any one person) | \$ 10,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | | | | | | | | \$ |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | Y | | 59SBAAH2K9W | 08/22/2022 | 08/22/2023 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | | | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | \$ | |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | Y | | | | | EACH OCCURRENCE | \$ |
| | AGGREGATE | | | | | | \$ | |
| | | | | | | | \$ | |
| | | | | | | | \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | | | | PER STATUTE | OTHER |
| | E.L. EACH ACCIDENT | | | | | | \$ | |
| | E.L. DISEASE - EA EMPLOYEE | | | | | | \$ | |
| | E.L. DISEASE - POLICY LIMIT | | | | | | \$ | |
| B | Directors and Officers | Y | | EPPE4063217-08 | 08/22/2022 | 08/22/2023 | 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)

36 Unit Commercial Office Condo Association. Property location is 3654 N Power Rd Mesa, AZ 85215. Building Coverage of \$6,795,900 subject to \$2,500 deductible. Employee Dishonesty coverage limit \$100,000, with \$2,500 deductible. Property Manager is additional insured for General liability, Employee dishonesty, and Directors and Officers coverage. Coverage subject to policy forms, terms and conditions.

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|--|
| Vision Community Management 16625 South 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

Zahara Professional Office Owners Association 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; \$1,000,000 with Hartford 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