




# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/14/2022

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 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 <b>J CLARK SANCHEZ</b> STATE FARM INSURANCE 1555 E GLENDALE AVE PHOENIX AZ 85020 	CONTACT NAME: <b>MARGARITA A SANDERS</b> PHONE (A/C, No, Ext): <b>602-277-2655 EXT 207</b> E-MAIL ADDRESS: <b>MARGARITA@CLARKSANCHEZ.COM</b> FAX (A/C, No): <b>602-241-0702</b>														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td><b>INSURER A : State Farm Fire and Casualty Company</b></td> <td><b>25143</b></td> </tr> <tr> <td><b>INSURER B :</b></td> <td></td> </tr> <tr> <td><b>INSURER C :</b></td> <td></td> </tr> <tr> <td><b>INSURER D :</b></td> <td></td> </tr> <tr> <td><b>INSURER E :</b></td> <td></td> </tr> <tr> <td><b>INSURER F :</b></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A : State Farm Fire and Casualty Company</b>	<b>25143</b>	<b>INSURER B :</b>		<b>INSURER C :</b>		<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>
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INSURED <b>SINGLETREE RANCH HOMEOWNERS ASSOCIATION C/O VISION MANAGEMENT</b> 16625 S DESERT FOOTHILLS PKWY 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>93-27-0056-5F</b>	<b>10/26/2022</b>	<b>10/26/2023</b>	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/>						PERSONAL & ADV INJURY \$
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							GENERAL AGGREGATE \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b>	<input type="checkbox"/>	<input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/>						\$
	<b>UMBRELLA LIAB</b>	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/>	<input type="checkbox"/>				AGGREGATE \$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$
	DED						\$
	RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	<input type="checkbox"/>				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	<input type="checkbox"/>				E.L. DISEASE - EA EMPLOYEE \$
		<input type="checkbox"/>	<input type="checkbox"/>				E.L. DISEASE - POLICY LIMIT \$
A	BUILDING	<input type="checkbox"/>	<input type="checkbox"/>	<b>93-27-0056-5F</b>	<b>10/26/2022</b>	<b>10/26/2023</b>	\$159,800

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

PROPERTY LOCATION: 10021 N 55TH PL SCOTTSDALE AZ 85253

TOTAL UNITS 40

THIS IS COMMON AREAS POLICY - INSURES ALL COMMON ELEMENTS OF THE ASSOCIATION SUCH AS REC BUILDINGS AND PERIMETER WALLS. ALL UNITOWNERS MUST OBTAIN A HOMEOWNERS POLICY TO COVERAGE BUILDING, PERSONAL PROPERTY AND LIABILITY

**CERTIFICATE HOLDER****CANCELLATION****INFORMATION ONLY**

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





Telephone: (866) 737-6877  
Facsimile: (847) 572-6262

### BINDER OF INSURANCE

**6. Applicable Forms & Endorsements:**

PSCHO1001(04/11)	Condominium And Homeowner Association Liability Policy Including Employment Practices Liability Coverage
PS1039-01(01/15)	Certified Acts of Terrorism Endorsement
PS1041 (01/15)	Policyholder Disclosure Notice of Terrorism Insurance Coverage
PS1044 (02/21)	U.S. Treasury Department's Office Of Foreign Assets Control ("OFAC") Advisory Notice To Policyholders
PS1045 (02/21)	Trade Or Economic Sanctions
PSCHO1026AZ(04/11)	Arizona Amendatory Endorsement
PSCHO1031(04/11)	Property Manager Endorsement

**7. Special Conditions:**

- Not Applicable

**8. Subjectivities:**

**Subject to our receipt & approval of the following requirements:**

- Not Applicable

This binder requires payment of premium to State Farm Specialty Products, at the location listed on the invoice, on the premium due date shown in the invoice. This binder may be cancelled if payment is not received by the premium due date on the invoice.

In the event of cancellation or expiration of this binder without a Policy or Renewal Declarations Page being issued, the Insurer shall be entitled to an earned premium for the time in force as calculated by the Insurer in accordance with the provisions of the applicable specimen policy or expiring policy.

Date of Issue: June 21, 2022

By: James Elze  
Authorized Representative