

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/2/2024

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.

EABARTER() CAS 2656 Suite 180 ASSOCIATED Suite 180 Suite 180 ASSOCIATED Suite 180 ASSOCIATED Suite 180 Suite 180 ASSOCIATED Suite 180	If SUBROGATION IS WAIVED this certificate does not conf							require an endors	sement.	A stat	tement on
LabsraroUksines Insurance Suits 180 Sept Of 12056 Allso Velop CA 92056 Allso Velop CA 92056 Debugger Suits 180 Sept Of 12056 Debugger Suits 180 Sept Of 12056 Debugger Suits 180 Sept Of 180 Sept	PRODUCER	<u> </u>			CONTA						
ASSESSED NOTE POLICY STATE OF THE POLICY PRODUCT OF THE POLICY PRODUCT PRODUCT OF THE POLICY PRODUCT PRODUCT OF THE POLICY PRODUCT O					TAY.						-1275
MANUEL M					E BAAU						1210
MSURER Color Manor HOA MSURER Color MSURER MSURER MSURER Color					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						NAIC#
Insurer Insu					INSURE						19720
INSURER C. INS				DEB-MAN-02	INSURE	RB:					
BASURED BASU					INSURE	R C :					
COVERAGES CERTIFICATE NUMBER: 19402428885 CERTIFICATE NUMBER: 19402428885 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD NOICATED. NOTWITHSTANDING ANY RECUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EXCLUSIONS AND CONDITIONS OF SURFECT OF WHICH THIS EXCLUSION AND CONDITIONS OF SURFECT OF WHICH THIS EXCLUS	16625 S. Desert Foothills Pk	wy.			INSURE	RD:					
THIS IS TO CERTIFY THAT THE POLICE'S OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ADOVE 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 TO MAY PERIOD. INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED TO ALL THE TERMS. PROVIDED BY THE POLICY DESCRIBED HEREN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMP. A CLAMPADE OF CONTRACT OR OTHER DOCUMENT SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMP. A CLAMPADE OF CONTRACT OR OTHER DOCUMENT SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMP. CAUSIODOS OF CONTRACT OR OTHER DOCUMENT SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMP. CAUSIODOS OF CONTRACT OR OTHER DOCUMENT SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMP. CAUSIODOS OF CONTRACT OR OTHER DOCUMENT SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMP. CAUSIODOS OF CONTRACT OR OTHER DOCUMENT SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMP. CAUSIODOS OF CONTRACT OR OTHER DOCUMENT SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMP. CAUSIODOS OF CONTRACT OR OTHER DOCUMENT SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMP. CAUSIODOS OF CONTRACT OR OTHER DOCUMENT SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMP. CAUSIODOS OF CONTRACT OR OTHER DOCUMENT SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMP. CAUSIODOS OF CONTRACT OR OTHER DOCUMENT SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMP. CAUSION OF CONTRACT OR OTHER DOCUMENT SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMP. CAUSION OF CONTRACT OR OTHER DOCUMENT SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMP. CAUSION OF CONTRACT OR OTHER DOCUMENT SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMP. CAUSION OF CONTRACT OR OTHER DOCUMENT SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMP. CAUSION OF CONTRACT OR OTHER DOCUMENT SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMP. CAUSION OF CONTRACT OR OTHER DOCUMENT SHOWN MAY BE PAID CLAMP. CAUSION OF CONTRACT OR OTHER	Phoenix AZ 85048-9927				INSURE	RE:					
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 RECURSIONS ANY BEATAIN, 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. RECULSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. RECULSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. A VIOLENCE AND AND CONTROL OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. A AUTOMOBILE LIMIT APPLIES PER: B COLICY MAY AUTOMOBILE LIMIT APPLIES PER: A AUTOMOBILE LIMIT APPLIES PER: A AUTOMOBILE LIMIT APPLIES PER: B COLICY MAY AUTOMOBILE AUTO					INSURE	RF:					
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EXECUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. A VIEW OF INTERMACE MADE NOTWITH SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. A COMMERCIAL GENERAL LIABILITY VIEW OF INTERMACE MADE NOTWITH A SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. A COMMERCIAL GENERAL LIABILITY VIEW OF INTERMACE MADE NOTWITH A SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. A AUTOMOBILE LIABILITY VIEW OF INTERMACE MADE NOTWITH A SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. A AUTOMOBILE LIABILITY VIEW OF INTERMACE MADE NOTWITH A SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. A AUTOMOBILE LIABILITY VIEW OF INTERMACE MADE NOTWITH A SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. A AUTOMOBILE LIABILITY VIEW OF INTERMACE MADE NOTWITH A SHOWN MAY HAVE BEEN REDUCED BY AUTOS ONLY VIEW OF INTERMACE MADE NOTWITH A SHOWN MAY HAVE BEEN REDUCED BY AUTOS ONLY VIEW OF INTERMACE MADE NOTWITH A SHOWN MAY HAVE BEEN REDUCED BY AUTOS ONLY VIEW OF INTERMACE WITH A SHOWN MAY HAVE BEEN REDUCED BY AUTOS ONLY VIEW OF INTERMACE WITH A SHOWN MAY HAVE BEEN REDUCED BY AUTOS ONLY VIEW OF INTERMACE WITH A SHOWN MAY HAVE BEEN REDUCED BY AUTOS ONLY VIEW OF INTERMACE WITH A SHOWN MAY HAVE BEEN REDUCED BY AUTOS ONLY VIEW OF INTERMACE WITH A SHOWN MAY HAVE BEEN REDUCED BY AUTOS ONLY VIEW OF INTERMACE WITH A SHOWN MAY HAVE BEEN REDUCED BY AUTOS ONLY VIEW OF INTERMACE WITH A SHOWN MAY HAVE BEEN REDUCED BY AUTOS ONLY VIEW OF INTERMACE WITH A SHOWN MAY HAVE BEEN REDUCED BY AUTOS ONLY VIEW OF INTERMACE WITH A SHOWN MAY HAVE BEEN REDUCED BY AUTOS ONLY VIEW OF INTERMACE WITH A SHOWN MAY HAVE BEEN REDUCED BY AUTOS ONLY VIEW OF INTERMACE WITH A SHOWN MAY HAVE BEEN REDUCED BY AUTOS ONLY VIEW OF INTERMACE WITH A SHOWN MAY HAVE BEEN REDUCED BY AUTOS ONLY VIEW OF INTERMACE WITH A SHOWN MAY HAVE BEEN REDUCED BY AUTOS ONLY VIEW OF INTERMACE WITH A SHOWN MAY HAVE BEEN REDUCED BY AUTOS ONLY VIEW OF INTERMACE WITH A SHOWN MAY HAVE BE					<u> </u>	N 10011ED TO				DOI 10	N/ BEBIOD
TYPE OF INSURANCE INSURANC	INDICATED. NOTWITHSTANDIN CERTIFICATE MAY BE ISSUED EXCLUSIONS AND CONDITIONS	IG ANY REQU OR MAY PER OF SUCH POL	IREME TAIN, ICIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY F	OR OTHER DESCRIBED PAID CLAIMS.	DOCUMENT WITH F	RESPECT	TO W	HICH THIS
CLAIMS-MADE X OCCUR CLAIMS-MADE X OCCUR CLAIMS-MADE X OCCUR CREW CAUSTIOON ST.000.000 MED REV (Any one person) \$1.000.000 MED REV (Any one person)	LTR TYPE OF INSURANCE	INS				(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS		
MED EXP. (Any one person) \$ 5,000 GENT. AGGREGATE LIMIT APPLIES PER: X POLICY SECT LOC OTHER: ANY AUTO OTHER: ANY AUTO OTHER: ANY AUTO OTHER: ANY AUTO OTHER: ANY AUTO OTHER: AUTOS ONLY AUTOS				CAU510206-5		5/1/2024	5/1/2025	DAMAGE TO RENTED			
PERSONAL & ADV INJURY \$1,000,000 GENERAL AGRECATE SUlfillined RRODUCTS COMPION PAGE \$1,000,000 S \$1,000,000 \$1,000,00	CLAIIVIS-IVIADE 11 O	JOUR									,00
GENTL AGGREGATE LIMIT APPLIES PER: X POLICY SET LOC OTHER X AVYAUTO ANY AUTO ANY AUTO ANY AUTO ANY AUTO ANY AUTO ANY AUTO OTHER X AUTOS ONLY X AUTOS O								` , .		-	000
A AUTOMOBILE LIABILITY ANY AUTO ONLY ALTRICES CONLY ALTRICES CAUSTIONS PROPERTY DAMAGE STRUCTURE	GEN'L AGGREGATE LIMIT APPLIES	PER:									
ANTOMOBILE LIABILITY ANY AUTO ANY AUTO ANY AUTO AUTOS ONLY BODILY 1 MURY (Per porson) BODILY 1 MURY (Per porton) BODILY 1 MURY (Per porton) BODILY 1 MURY (Per porton) BODILY 1 MURY (Per por	X POLICY PRO-	LOC						PRODUCTS - COMP/O	P AGG \$	1,000,0	000
ANY AUTO OWNED AUTOS ONLY AUTOS O								COMPINED CINICLE LI			
A PROPERTY DAMAGE S PROPERTY D				CAU510206-5		5/1/2024	5/1/2025	(Ea accident)		<u> </u>	000
AUTOS ONLY X HATOS ONLY AUTOS ONLY X HORSELLA LIAB CCCUR EXCESS LIAB DED RETENTIONS WORKERS COMPENSATION AND EMPLOYERS LIABLITY ANYPROPRIETOR/PARTINER/EXECUTIVE (Mandatory in NH) PERCHAMBER EXCLUDED? STATUTE ETH- ELL DISEASE - POLICY LIMIT S ELL DISEASE -	l <u> </u>	DIII ED						` .	- / -		
AUTOS ONLY	AUTOS ONLY AUTO	S						,	- '		
UMBRELLA LIAB OCCUR EXCESS LIAB OCCU								(Per accident)			
EXCESS LIAB CLAIMS-MADE DED	I IIII										
DED RETENTIONS \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR PARTNER EXECUTIVE OFFICE MEMBER EXECUTIVE (Mandatory in NH) DESCRIPTION OF OPERATIONS below A POPPTY Crimelidelity Directors & Officers A POPPTY Chimelidelity Directors & Officers DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) HOA consists of 18 units. Located in Phoenix, AZ. Management Company is Additionally Insured on the General Liability, D&O Liability, and Fidelity-Crime. See 2nd page of certificate of insurance for further coverage information. CERTIFICATE HOLDER CANCELLATION 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	I FYOSOG LIAB										
WORKERS COMPENSATION AND EMPLOYERS 'LIABILITY ANYPROPRIETOR/PARTINER/EXECUTIVE OFFICE/RMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below CAUS10206-5 CAUS1020		_AIMS-MADE						AGGREGATE			
ANYPROPRIETOR PARTNER EXECUTIVE (Mandardy in NH) SECRIFITION OF OPERATIONS below Figure 4 described under SECRIFITION OF OPERATIONS SECRIFITION OF OPERATIONS SECRIFITION OF OPERATIONS SECRIFITION OF OPERATIONS VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) HOA consists of 18 units. Located in Phoenix, AZ. Management Company is Additionally Insured on the General Liability, D&O Liability, and Fidelity-Crime. See 2nd page of certificate of insurance for further coverage information. CERTIFICATE HOLDER								PER			
OFFICERMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below A Property A Cimelf-idelity Directors & Officers DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) HOA consists of 18 units. Located in Phoenix, AZ. Management Company is Additionally Insured on the General Liability, D&O Liability, and Fidelity-Crime. See 2nd page of certificate of insurance for further coverage information. CERTIFICATE HOLDER CANCELLATION CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. A Property E.L. DISEASE - EAEMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ E.L. DISEASE - POLICY LIMIT \$ E.L. DISEASE - POLICY LIMIT \$ E.L. DISEASE - EAEMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ E.L. DISEASE - POLICY LIMIT \$ SO Deductible \$150,000 \$ \$150,000 \$ \$1,000,000	1	TIVE Y/N									
If yes, describe under DESCRIPTION OF OPERATIONS below	OFFICER/MEMBER EXCLUDED?	N/	Α								
A Property CrimeFidelity Directors & Officers Y Y CAU510206-5 CAU510206-5 S/1/2024 S/1/2025	If ves. describe under	0111									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) HOA consists of 18 units. Located in Phoenix, AZ. Management Company is Additionally Insured on the General Liability, D&O Liability, and Fidelity-Crime. See 2nd page of certificate of insurance for further coverage information. CERTIFICATE HOLDER CANCELLATION 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	A Property			CAU510206-5		5/1/2024	5/1/2025	\$5,000 Deductible			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) HOA consists of 18 units. Located in Phoenix, AZ. Management Company is Additionally Insured on the General Liability, D&O Liability, and Fidelity-Crime. See 2nd page of certificate of insurance for further coverage information. See Attached CERTIFICATE HOLDER CANCELLATION 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	A Crime/Fidelity A Directors & Officers	Y									
HOA consists of 18 units. Located in Phoenix, AZ. Management Company is Additionally Insured on the General Liability, D&O Liability, and Fidelity-Crime. See 2nd page of certificate of insurance for further coverage information. See Attached CERTIFICATE HOLDER CANCELLATION 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				5/10010200 0		0,1,2021	0/1/2020				
Management Company is Additionally Insured on the General Liability, D&O Liability, and Fidelity-Crime. See 2nd page of certificate of insurance for further coverage information. See Attached CERTIFICATE HOLDER CANCELLATION 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				0 101, Additional Remarks Schedu	le, may b	e attached if more	space is require	ed)	'		
See Attached CERTIFICATE HOLDER CANCELLATION 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	HOA consists of 18 units. Locate	ea in Phoenix,	AZ.								
See Attached CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Vision Community Management 16625 S. Desert Foothills Pkwy Phoenix AZ 85048 AUTHORIZED REPRESENTATIVE	Management Company is Addition	nally Insured	on the	General Liability, D&O Lia	bility, a	nd Fidelity-Cri	me.				
CERTIFICATE HOLDER CANCELLATION 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	See 2nd page of certificate of ins	urance for furt	her co	overage information.							
CERTIFICATE HOLDER CANCELLATION 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											
CERTIFICATE HOLDER CANCELLATION 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	See Attached										
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 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					CANO	CELL ATION					
	Vision Communit 16625 S. Desert I	oothills Pkw	nt 'y		SHC THE ACC	OULD ANY OF T EXPIRATION CORDANCE WIT	I DATE THE	REOF, NOTICE V			
		8			AUTHORIZED REPRESENTATIVE						

ACENCY	CUSTOMER	ın.	DER-	MANLO2
AGENCY	COSTONER	ID:	DED-	IVIAIN-UZ

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY LaBarre/Oksnee Insurance		NAMED INSURED Deb-Lin Manor HOA				
POLICY NUMBER		c/o Vision Community Mamt				
		16625 S. Desert Foothills Pkwy. Phoenix AZ 85048-9927				
CARRIER	NAIC CODE	EFFECTIVE DATE:				
ADDITIONAL REMARKS						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE	TO ACORD FORM,					
FORM NUMBER: 25 FORM TITLE: CERTIFIC	CATE OF LIABILITY II	NSURANCE				
Single Entity Coverage (Walls In, excluding Improvements	s and Betterments)					
	and Betterments)					
Coverage Includes: Special Form with 100% Guaranteed Replacement Cost Vind/Hail						
quipment Breakdown Building Ordinance or Law A+B+C						
iquipment Breakdown ciuilding Ordinance or Law A+B+C nflation Guard and/or limits are reviewed yearly to ensure severability of Interest / Separation of Insureds Vaiver of Rights of Recovery to Co-Insurance Service Mode Baliey	e 100% Replacement C	Cost				
Vaiver of Ŕights of Recovery lo Co-Insurance						
&O is a Claims-Made Policy						