

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

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PRODUCER		CONTACT NAME: Scott Shirley	
Neate Dupey Insurance Group		PHONE (A/C, No, Ext): (480) 391-3000 FAX (A/C, No):	
8700 E. Vista Bonita Dr. Suite 270		E-MAIL ADDRESS: Scott@neatedupey.com	
		INSURER(S) AFFORDING COVERAGE	NAIC#
Scottsdale	AZ 85255	INSURER A: LIO Insurance	11075
INSURED		INSURER B: Continental Casualty Company	20443
Rancho Mirada HOA		INSURER C:	
16625 S Desert Foothills Parkway		INSURER D:	
		INSURER E:	
PHOENIX	AZ 85048	INSURER F:	
COVERACES	CEDTIEICATE NILIMDED.	DEVISION NUMBER	•

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	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s
LIK	★ COMMERCIAL GENERAL LIABILITY	INSD	WVD	1 OLIO I NOMBER	(WIW/DD/1111)	(WIW/DD/TTTT)		2 000 000
	CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,000,000 \$ 100,000
							MED EXP (Any one person)	\$ 5,000
Α		Y		HOA1000022608-01	05/18/2024	05/18/2025	PERSONAL & ADV INJURY	\$ 2,000,000
-	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 4,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 4,000,000
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
A	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY			HOA1000022608-01	05/18/2024	05/18/2025	BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
	A Crime/Fidelity							
B Directors and Officers619066163				D&O Policy# 619066163	05/18/2024	05/18/2025	Deductible-\$2,500	\$250,000
1							Deductible-\$1,000	\$1,000,000

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

HOA Consists of 36 single family homes located in Scottsdale AZ 85259.

Property coverage \$175,000 for common area of community, \$2,500 propoerty deductible.

Management Company listed as an additioanl insured on General Liability, D&O, and crime coverage.

CERTIFICATE HOLDER	CANCELLATION			
Vision Community Mangement	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
16625 S Desert Foothills Parkway	AUTHORIZED REPRESENTATIVE			
	SCOTT SHIRLEY			
Phoenix AZ 85048				

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