



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/8/2023

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).

<b>PRODUCER</b> Neate Dupey Insurance Group 8700 E Vista Bonita Dr#270  Scottsdale AZ 85255		<b>CONTACT NAME:</b> Linda Zoldak		
		<b>PHONE (A/C, No, Ext):</b> (480) 391-3000	<b>FAX (A/C, No):</b> (480) 391-3456	
		<b>E-MAIL ADDRESS:</b> linda@neatedupey.com		
		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		<b>INSURER A :</b> West Bend Mutual insurance Co.		23055
		<b>INSURER B :</b> Great American Insurance Co.		26832
		<b>INSURER C :</b>		
		<b>INSURER D :</b>		
		<b>INSURER E :</b>		
		<b>INSURER F :</b>		

**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"/> <b>COMMERCIAL GENERAL LIABILITY</b>			B241167 01	01/20/2024	01/20/2025	EACH OCCURRENCE \$ 2,000,000	
	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR	Y				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000	
							MED EXP (Any one person) \$ 1,000	
							PERSONAL & ADV INJURY \$ 2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 4,000,000	
<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 6,000,000	
	OTHER:						Data Breach Liability \$ \$50,000	
A	<b>AUTOMOBILE LIABILITY</b>			B241167 01	01/20/2024	01/20/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000	
	<input type="checkbox"/> ANY AUTO	<input type="checkbox"/> SCHEDULED AUTOS	Y				BODILY INJURY (Per person) \$	
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident) \$	
<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/>			PROPERTY DAMAGE (Per accident) \$				
							\$	
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$	
	<b>EXCESS LIAB</b>						AGGREGATE \$	
	DED	RETENTION \$					\$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE	OT-H-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	N/A				E.L. EACH ACCIDENT \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$	
							E.L. DISEASE - POLICY LIMIT \$	
B	Directors and Officers Fidelity Bond			EPPE457000-04	01/20/2024	01/20/2025	Limit 1,000,000	
		Y					Deductible 1,000	
							Limt / Deductible 100,000/1,000	

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

Vision Community Management is named as additional insured. Property coverage is for an office condominium Association. Included is replacement cost and special form coverage. This is a bare walls policy. The interior of the units is not covered. Location 16625, 16725, 17725 S Desert Foothills Pkwy, Phoenix AZ 85048 \$4,711,200 Building coverage with a \$5,000 property deductible.

<b>CERTIFICATE HOLDER</b> Vision Community Management  16625 S DESERT FOOTHILLS PKWY  PHOENIX AZ 85048	<b>CANCELLATION</b> 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 F SHIRLEY

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<b>PRODUCER</b>		<b>CONTACT NAME:</b> Linda Zoldak	
Neate Dupey Insurance Group		<b>PHONE (A/C, No, Ext):</b> (480) 391-3000	<b>FAX (A/C, No):</b> (480) 391-3456
8700 E Vista Bonita Dr#270		<b>E-MAIL ADDRESS:</b> linda@neatedupey.com	
Scottsdale AZ 85255		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> West Bend Mutual insurance Co.	<b>NAIC #</b> 23055
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A	<b>AUTOMOBILE LIABILITY</b> <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		B241167 01	01/20/2024	01/20/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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 and Officers Fidelity Bond	Y		EPPE457000-04	01/20/2024	01/20/2025	Limit 1,000,000 Deductible 1,000 Limt / Deductible 100,000/1,000

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

RE: Location 16625, 16725, 17725 S Desert Foothills Pkwy, Phoenix AZ 85048

Christy L. Kelso Living Trust and Dakota Property Management are included as additional insured by endorsement as required by contract. 30 day notice of cancellation applies.

**CERTIFICATE HOLDER****CANCELLATION**

Christy L. Kelso Living Trust  and Dakota Property Management 17015 N SCOTTSDALE RD Unit# 120 Scottsdale AZ 85255	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 <b>SCOTT F SHIRLEY</b>
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