

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/14/2023

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).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).												
PRODUCER American Premier Ins Agency				CONTACT Harold Bordelon								
8631 S Priest Dr		8631 S Priest Dr				PHONE	PHONE (480)423-3444 FAX (A/C, No.):(480)94					l1-0892
		Ste 101				E-MAIL ADDRES	hhor	delon@am-pr	emier.com	<u> </u>		
		Tempe			AZ 85284-	ADDILL		SUDED(S) AEEOI	PDING COVERAGE			NAIC#
						INCLIDE	INSURER(S) AFFORDING COVERAGE ER A : Liberty Mutual Company				41785	
INSURED					INSURER B:							
MOOKED		Sierra Foothills Condo Assn										
		c/o Vision Community Manag					INSURER C:					
		16815 S Desert Foothills Pkw				INSURER D :						
		Phoenix			AZ 85048-	INSURER E :						
-	VEDACE	-c	TIFIC	- A T	INSURE NUMBER:							
	VERAGE					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 TERI EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											I THIS	
INSR			ADDL	SUBR			POLICY EFF	POLICY EXP		LIMIT	9	
A A	Х сом	IMERCIAL GENERAL LIABILITY	INSD	WVD	BKS59001509		<u>(MM/DD/YYYY)</u> 08/01/2023	(MM/DD/YYYY) 08/01/2024	EACH OCCURRENC		s \$	2,000,000
		CLAIMS-MADE X OCCUR			D11000001000		00/01/2020	00/01/2024	DAMAGE TO RENTE	ED	\$	300,000
		OD MIND-INIADE OCCUR							PREMISES (Ea occu	, i	\$	15,000
											\$ \$	2,000,000
	CENII AC	GREGATE LIMIT APPLIES PER:							PERSONAL & ADV I		\$ \$	4,000,000
	POLI	DPO Y							GENERAL AGGREG		\$	4,000,000
									FRODUCTS - COMP	-70F AGG	\$	
	AUTOMOR	EK: BILE LIABILITY							COMBINED SINGLE	LIMIT	\$	
	ANY AUTO								(Ea accident) BODILY INJURY (Pe	er nerson)	\$	
	OWN	NED SCHEDULED							BODILY INJURY (Pe		\$	
	AUT(HIRE	OS ONLY AUTOS ED NON-OWNED							PROPERTY DAMAG		\$	
	AUTO	OS ONLY AUTOS ONLY							(Per accident)		\$	
	LIMP	RELLA LIAB OCCUP									•	
		- OCCOR							EACH OCCURRENC	JE	\$	
	EXC	CLANVIG-IVIABLE							AGGREGATE		\$	
WORKER		RETENTION \$ S COMPENSATION							PER	OTH-	\$	
	AND EMPL	OYERS' LIABILITY Y / N							PER STATUTE	ĒR		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDEN		\$	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA E			
Α		TION OF OPERATIONS below rs & Officers			DICOCOOCACOO		00/04/0000	00/04/0004	E.L. DISEASE - POL			* 4 000 000
A	Director	is & Officers			BKS59001509			08/01/2024	Liability Agg Lim	I		\$4,000,000
^	Building	g Limit			BKS59001509		08/01/2023	08/01/2024	each wrongful ad			\$2,000,000
									RC/Special/1000	Jueu	-	\$1,312,925
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: 16815 S Foothills Pkwy												
CERTIFICATE HOLDER							CANCELLATION AI 0					AI 021707
Master Certificate -							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					
			Totald Dought									