



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/28/2024

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. 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 Neate Dupey Insurance Group 8700 E. Vista Bonita Dr. Suite 270 Scottsdale AZ 85255	CONTACT NAME: Dee Dungan PHONE (A/C, No, Ext): (480) 391-3000 E-MAIL ADDRESS: Dee@neatedupey.com	FAX (A/C, No):	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Caribbean Gardens Association 16625 S Desert Foothills Pkwy Phoenix AZ 85048	INSURER A: SCOTTSDALE INDEMNITY CO		15580
	INSURER B: FEDERAL INSURANCE CO		20281
	INSURER C: CNA INSURANCE CO LTD		20443
	INSURER D:		
	INSURER E:		
	INSURER F:		

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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		CPI7217143	02/27/2024	02/27/2025	EACH OCCURRENCE	\$ 1,000,000
							\$ 100,000	
							\$ 5,000	
							\$ 1,000,000	
A	AUTOMOBILE LIABILITY <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		CPI7217143	02/27/2024	02/27/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							\$	
							\$	
							\$	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y		G74692278	02/27/2024	02/27/2025	EACH OCCURRENCE	\$ 10,000,000
							\$ 10,000,000	
							\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		618893985	02/27/2024	02/27/2025	PER STATUTE	OTHER
C	Directors and Officers Crime / Fidelity			618893985	02/27/2024	02/27/2025	LIMIT	\$1,000,000
							\$1,000	
							\$250,000	

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

Location: 1901 E Missouri Ave, Phoenix AZ 85016. 7 Buildings - 40 Units. Building Coverage of \$8,417,500 is subject to \$25,000 Deductible. 80% Co-insurance on property. Buildings are Replacement cost, Special Form. Property policy written through Republic-Vanguard Insurance Company. Building/Law Ordinance is included. Equipment Breakdown is Included. \$250,000 Crime coverage policy subject to \$2,500 deductible. Separation of insureds is included. Property Manager listed as additional insured on GL, D & O and Crime Policy

CERTIFICATE HOLDER **CANCELLATION**

Vision Community Management 16625 S Desert Foothills Prkwy. 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 <i>Scott Shirley</i>
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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

02/27/2024

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY Neate Dupey Insurance Group 8700 E. Vista Bonita Dr. Suite 270 Scottsdale AZ 85255		PHONE (A/C, No, Ext): (480) 391-3000		COMPANY REPUBLIC VANGUARD INSURANCE CO.	
FAX (A/C, No):		E-MAIL ADDRESS: dee@neatedupey.com			
CODE:		SUB CODE:			
AGENCY CUSTOMER ID #:		LOAN NUMBER		POLICY NUMBER ATESP03470-01	
INSURED Caribbean Gardens Association 16625 S DESERT FOOTHILLS PKWY PHOENIX AZ 85048		EFFECTIVE DATE 02/27/2024	EXPIRATION DATE 02/27/2025	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION

LOCATION/DESCRIPTION 1901 E MISSOURI AVE, PHOENIX, AZ 85016 Directors and Officers included as additional insured on liability policy,		7 BUILDINGS, 40 UNITS severability of interest included
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COVERAGE INFORMATION	PERILS INSURED				AMOUNT OF INSURANCE	DEDUCTIBLE
	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL			
COVERAGE / PERILS / FORMS						
BUILDING LIMIT					\$8,417,500	\$25,000
100 % REPLACEMENT COST						
BARE WALLS						
ORDINANCE OR LAW - COV A INCLUDED IN BUILDING LIMIT, COV B & C					\$250,000	
EQUIPMENT BREAKDOWN					INCLUDED IN BLDG	
DIRECTORS & OFFICERS					\$1,000,000	\$1,000
CRIME/FIDELITY COVERAGE					\$250,000	\$2,500
80% CO-INSURANCE						
HAIL/WIND INCLUDED						

REMARKS (Including Special Conditions)

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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.

ADDITIONAL INTEREST

NAME AND ADDRESS	<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE	<input checked="" type="checkbox"/> EVIDENCE OF INSURANCE	
	LOAN #		
AUTHORIZED REPRESENTATIVE SCOTT SHIRLEY			