

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/19/2022

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.

If	SUBROGATION IS WAIVED, subject is certificate does not confer rights to	to tl	ne tei	rms and conditions of th	e polic	y, certain po	olicies may r					
	DUCER				CONTA							
Cre	st Insurance Group, LLC	FAY				FAX	. 520 225 2757					
528	5 E. Williams Circle Suite 4500 son AZ 85711				(A/C, No, Ext): 000-001-0700 (A/C, No): 02U-020-0				<i>5-3131</i>			
Tuc	SON AZ 857 I I	Address: dmccartin@crestins.com										
				INSURER(S) AFFORDING COVERAGE						NAIC#		
				License#: 967026 RANCREI-01	INSURER A: Auto-Owners Insurance Company						18988	
INSUI Rar	หะบ ncho Reina Homeowners Associatio	n		TANONEI-01	INSURER B:							
c/o	Vision Community Management				INSURER C:							
	25 S Desert Foothills Parkway				INSURER D:							
Pho	penix AZ 85048	INSURER E:										
						INSURER F:						
CO	/ERAGES CER	TIFI	CATE	NUMBER: 1678081005	5 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   POLICY EFF   POLICY EXP   POLI												
INSR LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S		
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR			45177161-21		1/5/2022	1/5/2023	EACH OCCURRENT	ED	\$ 1,000 \$ 300,0	,	
CLAIMS-MADE X OCCUR								PREMISES (Ea occ MED EXP (Any one		\$ 10,00		
								PERSONAL & ADV	INJURY	\$ 1,000	,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	GATE	\$2,000	,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COM		\$ 2,000	,000	
	OTHER:							OOMBINED OINIOLE	- 1 IN ALT	\$		
Α	AUTOMOBILE LIABILITY			45177161-21		1/5/2022	1/5/2023	COMBINED SINGLE (Ea accident)	= LIMIT	\$ 1,000	,000	
	ANY AUTO							BODILY INJURY (P	er person)	\$		
	OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (P		\$		
	X HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMA( (Per accident)	GE	\$		
								,		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION\$									\$		
	WORKERS COMPENSATION							PER STATUTE	OTH- ER	<u> </u>		
	AND EMPLOYERS' LIABILITY  ANYPROPRIETOR/PARTNER/EXECUTIVE Y/N							E.L. EACH ACCIDE		\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. DISEASE - EA EMPLOYEE				
	If ves, describe under							E.L. DISEASE - POI		\$		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POI	LICY LIMIT	Ф		
Evic	DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Evidence of Insurance. This form is subject to all policy forms, terms, endorsements, conditions definitions & exclusions.  Vision Community Management is included as additional insured.											
CERTIFICATE HOLDER CA						CANCELLATION						
Vision Community Management						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 P	kwy			AUTHORIZED REPRESENTATIVE							
	Phoenix AZ 85048	Cordy Ratchil										



## Policy Number: 618770848

CERTIFICATE OF LIABILITY INSURANCE

Date Entered: 1/31/2022

DATE (MM/DD/YYYY) 1/17/2022

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, AN										
IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subject this certificate does not confer rights to	to th	ne ter	ms and conditions of the	policy, certain	policies may					
PRODUCER	, tile	Certii	icate floider in fled of Suc							
Kara K. Anspach Insu	anc	e A	gency, Inc.	CONTACT Kara K Anspach PHONE (480) 998-8070 FAX (A/C No. Ext): (480) 951-3519						
7077 East Marilyn Roa	ıd#	125		PHONE (A/C, No, Ext): (480) 998-8070 FAX (A/C, No): (480) 951-3519  E-MAIL ADDRESS: kara@karains.com						
Scottsdale, AZ 85254			INSURER(S) AFFORDING COVERAGE NAIC #							
				INSURER A : CNA						
INSURED Rancho Reina HOA				INSURER B:						
			INSURER C :							
C/O Vision Community		-	L	INSURER D :						
16625 S Desert Foothi	Pkw	У	INSURER E :							
Phoenix, AZ 85020				INSURER F :						
COVERAGES CER	TIFIC	CATE	NUMBER:			REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH F	QUIR PERT POLIC	REMEN AIN, CIES. L	NT, TERM OR CONDITION ( THE INSURANCE AFFORDE IMITS SHOWN MAY HAVE BE	DF ANY CONTRAC D BY THE POLIC SEN REDUCED BY	CT OR OTHER I CIES DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESP	ECT TO	WHICH THIS		
INSR LTR TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	IITS			
CLAIMS-MADE OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
ob ume um be occir						MED EXP (Any one person)	\$			
						PERSONAL & ADV INJURY	s			
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$			
POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$			
OTHER:							\$			
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$			
ANY AUTO						BODILY INJURY (Per person)	\$			
OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident	t) \$			
HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$			
							\$			
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$			
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$			
DED RETENTION \$						DED	\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N						PER OTH- STATUTE ER				
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$			
(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYE	E \$			
DÉSCRIPTION OF OPERATIONS below				( (	( (	E.L. DISEASE - POLICY LIMIT				
A Directors & Officers	X		618770848	01/17/2022	01/17/2023		\$1,	000,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	CORD 1	01, Additional Remarks Schedule, ι	nay be attached if mor	e space is required)					

**CERTIFICATE HOLDER CANCELLATION** 

> Rancho Reina HOA C/O Vision Community Management as additional insured 16625 S Desert Foothills Pkwy Phoenix AZ 85020

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

Kara K. Anspach