

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/27/2021

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 comer rights to the certificate holder in fled of such endorsement(s).						
PRODUCER	_	CONTACT CERT REQUEST				
Russo and Associates Services Inc.		[(A/C, NO, EXI). (A/C, NO).	756-6671			
5777 S Rural Road Suite 6		ADDRESS: tempeoffice@brinsured.com				
		INSURER(S) AFFORDING COVERAGE	NAIC#			
Tempe	AZ 85283	INSURER A: PHILADELPHIA INS CO				
INSURED		INSURER B: CONTINENTAL CAS CO				
QUEEN CREEK RANCHETTES III		INSURER C:				
C/O VISION COMMUNITY MANAGEMENT		INSURER D:				
16625 S DESERT FOOTHILLS PKWY		INSURER E :				
PHOENIX	AZ 85048	INSURER F:				
COVERAGES CERTIFICATE NUMB	ER:	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	NSR							
LTR		INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
A	COMMERCIAL GENERAL LIABILITY	Y		PHPK1794204	05/11/2021	05/11/2022	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR		Y				PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
A	AUTOMOBILE LIABILITY	Y		PHPK1794204	05/11/2021	05/11/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO		Y				BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY AUTOS						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	
1	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
ı	(Mandatory in NH)	,,					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В							LIMIT	1,000,000
	DIRECTORS & OFFICERS	Y	Y	1001361472-01	05/11/2021	05/11/2022	DEDUCTIBLE	1,000

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

VISION COMMUNITY MANAGEMENT NAMED AS ADDITIONAL INSURED

59 UNITS

FIDELITY/CRIME \$50,000 -- PROPERTY MANANGER/BOARD INCL

SEVERABILITY OF INTEREST INCL

30 DAY NOTICE OF CANCEL

CERTIFICATE HOLDER	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 PARKWAY	AUTHORIZED REPRESENTATIVE
PHOENIX, AZ 85048	Barry Keime