

JTUGGAY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/14/2022

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.

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

tl	nis certificate does not confer rights	to the	cert	ificate holder in lieu of su	ich end	lorsement(s)	•																	
PRODUCER LeBaron & Carroll LLC 1350 E Southern Avenue Mesa, AZ 85204						CONTACT Joanne Quadros Tuggay PHONE (A/C, No, Ext): (480) 834-9071 E-MAIL ADDRESS: joannet@lebaroncarroll.com																		
																			INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
															INSURER A : Auto-Owners Insurance Co						18988			
Skyline Vista Ranch Property Owners Association Inc c/o Legacy Community Partners 459 N. Gilbert Rd. Suite A220 Gilbert, AZ 85234						INSURER B:																		
						INSURER C:																		
						INSURER D:																		
						INSURER E:																		
	V=5 4 6 5 6 5 6 5 6 5 6 6 6 6 6 6 6 6 6 6			INSURER F:																				
				E NUMBER:		EEN IOOUED 3		REVISION NUM		LIE DO	LIOV PEDIOD													
II C	HIS IS TO CERTIFY THAT THE POLIC IDICATED. NOTWITHSTANDING ANY ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER	IREM RTAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WIT	TH RESPE	CT TC	WHICH THIS													
INSR LTR TYPE OF INSURANCE			SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s														
A	X COMMERCIAL GENERAL LIABILITY	INSL	WVD			(MINI/DD/YYYY)	(WIW/DD/1111)			\$	1,000,000													
	CLAIMS-MADE X OCCUR			45376503		2/26/2022	2/26/2023	DAMAGE TO RENT PREMISES (Ea occ	ED	\$ \$	50,000													
								MED EXP (Any one	, i	\$	5,000													
								PERSONAL & ADV	•	\$	1,000,000													
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$	2,000,000													
	X POLICY PRO- JECT LOC							PRODUCTS - COM		\$	1,000,000													
	OTHER:								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$														
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$														
	ANY AUTO							BODILY INJURY (P	er person)	\$														
	OWNED SCHEDULED AUTOS							BODILY INJURY (P	er accident)	\$														
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)		\$														
										\$														
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$														
	EXCESS LIAB CLAIMS-MAD							AGGREGATE		\$														
	DED RETENTION \$									\$														
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER															
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	NT	\$														
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA	EMPLOYEE	\$														
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POI	LICY LIMIT	\$														
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHION COMMUNITY Management is include	CLES (ACORI	0 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed) by written contr	act (endt	to fall	ow)													
VISI	on Community Management is include	u as c	iuuiti	onai msureu wim regarus	to gene	iai liability wi	ien requireu	by written contr	act (enut	io ione	,w,													
Vision Community Management 16625 S Desert Foothills Parkway Phoenix, AZ 85048						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.																		
												AUTHORIZED REPRESENTATIVE												