

KARLI1BOV

| DATE | (MM/DD/YYYY) | |
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| 40 | 16/2022 | |

BROKARR-01

| | - | | E | KII | FICATE OF LIA | | II Y INS | URAN | UE | 1 | 0/6/2022 | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------|-------------|------------|--|--|
| 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. | | | | | | | | | | | | | |
| lf | SU | RTANT: If the certificate holde BROGATION IS WAIVED, subje certificate does not confer rights t | ct to | the | terms and conditions of | the poli ich ende | icy, certain p prsement(s) | olicies may | | | | | |
| | DUCE | ER r Choice Insurance. LLC - Bovaird | | | | CONTACT NAME: PHONE (COO) 740 4000 | | | | | | | |
| 929 | 9299 W Olive Ave #304B | | | | | | PHONE (A/C, No, Ext): (602) 748-1200 FAX (A/C, No): (602) 7 E-MAIL ADDRESS: kevin@bovairdins.com | | | | 748-1230 | | |
| Peo | Peoria, AZ 85345 | | | | | | | | | | NAIO # | | |
| | | | | | | | INSURER(S) AFFORDING COVERAGE | | | | NAIC # | | |
| INSL | INSURED | | | | | | INSURER B : | | | | | | |
| Broken Arrow Ranch Condo Association | | | | | | INSURER C : | | | | | | | |
| | C/O Vision Community Management 16625 S Desert Foothills Parkway | | | | | | RD: | | | | | | |
| | | Phoenix, AZ 85048 | | - | | INSURE | RE: | | | | | | |
| | | | | | | INSUREF | RF: | | | | | | |
| | | RAGES CER IS TO CERTIFY THAT THE POLICI | | | E NUMBER: | | | | REVISION NUMBER: | | | | |
| IN | IDIC/ | ATED. NOTWITHSTANDING ANY F | REQU | REM | ENT, TERM OR CONDITION | N OF AN | NY CONTRAC | CT OR OTHER | R DOCUMENT WITH RES | PECT TO | WHICH THIS | | |
| | | IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH | | | | | | | | TO ALL | THE TERMS, | | |
| INSR LTR | | TYPE OF INSURANCE | ADDL | SUBR | | | POLICY EFF | POLICY EXP | | NITS | | | |
| A | X | COMMERCIAL GENERAL LIABILITY | | | | | | ······ | EACH OCCURRENCE | \$ | 1,000,000 | | |
| | | CLAIMS-MADE OCCUR | | | 005776911 | | 3/20/2022 | 3/20/2023 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | | | |
| | | | | | | | | | MED EXP (Any one person) | \$ | 10,000 | | |
| | | | | | | | | | PERSONAL & ADV INJURY | \$ | 2,000,000 | | |
| | GEI | | | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 | | |
| | | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AG | | 2,000,000 | | |
| Α | AUTOMOBILE LIABILITY ANY AUTO | | | | 005776911 | | | | COMBINED SINGLE LIMIT | \$ | | | |
| | | | | | | | 3/20/2022 | 3/20/2023 | (Ea accident) BODILY INJURY (Per person | | | | |
| | | OWNED SCHEDULED AUTOS | | | | | | | BODILY INJURY (Per accider | | | | |
| | | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | | |
| | | | | | | | | | | \$ | 4 000 000 | | |
| A | X | UMBRELLA LIAB OCCUR | | | 005950003 | | 3/20/2022 | 3/20/2023 | EACH OCCURRENCE | \$ | 1,000,000 | | |
| | | EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000 | _ | | 005950005 | | 5/20/2022 | 5/20/2025 | AGGREGATE Commercial Umbr | \$ | 1.000.000 | | |
| | wor | DED X RETENTION \$ 10,000 | ' | | | | | | PER OTH- | \$ | 1,000,000 | | |
| | AND EMPLOYERS' LIABILITY | | | | | | | | | ¢ | | | |
| | OFF (Mar | PROPRIETOR/PARTNER/EXECUTIVE | N / A | | | | | | E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOY | \$ =E \$ | | | |
| | If ye | es, describe under SCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMI | | | | |
| A | Bus | siness Owners Poli | | | 005776911 | | 3/20/2022 | 3/20/2023 | Limit of Liability | | 1,000,000 | | |
| DES | CRIPT | TION OF OPERATIONS / LOCATIONS / VEHIC | LES (| ACORI | ∣ D 101, Additional Remarks Schedu | lle, may be | attached if mor | e space is requi | ed) | | | | |
| CE | RTIF | FICATE HOLDER | | | | CANC | ELLATION | | | | | | |
| Vision Community Management 16625 S Desert Foothills Pkwy 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

Karli Newman

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