

**NSMITH** 

9/26/2022

**CERTIFICATE OF LIABILITY INSURANCE** 

DATE (MM/DD/YYYY)

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							require an endors	sement. A s	atement on	
PRODUCER The Mahoney Group - Phoenix 20333 North 19th Avenue, Suite 200						CONTACT NAME:					
						PHONE (A/C, No, Ext): (623) 215-1300 FAX (A/C, No): (623) 215-1333					
Pho	enix, AZ 85027				E-MAIL ADDRESS:						
						INSURER(S) AFFORDING COVERAGE NAIC #					
				INSURER A : Travelers Casualty & Surety Company of America 31194					31194		
INSURED  Lakeside Village Condominium c/o Vision Community Mgmnt 16625 S Desert Foothills Pkwy Phoenix, AZ 85048						INSURER B : Continental Casualty Company 20443					
						INSURER C:					
						INSURER D :					
						INSURER E:					
						RF:					
CO	VERAGES CER	TIFI	CATE	E NUMBER:				<b>REVISION NUMB</b>	ER:		
IN Cl	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	IREMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC THE POLICI	CT OR OTHER	R DOCUMENT WITH SED HEREIN IS SUB	RESPECT TO	WHICH THIS	
INSR LTR			SUBR			POLICY EFF (MM/DD/YYYY)			LIMITS		
LIK	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR		WVD			(IVIIVI/DD/TTTT)	(IVIIVI/DUTTTT)	EACH OCCURRENCE	\$		
								DAMAGE TO RENTED PREMISES (Ea occurre			
								MED EXP (Any one per			
								PERSONAL & ADV INJ			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT			
	POLICY PRO-							PRODUCTS - COMP/O			
	OTHER:							FRODUCTS - COMF/O	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LI			
	ANY AUTO							BODILY INJURY (Per p			
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per a			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLY AUTOS ONLY							(i ei accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							AGGREGATE	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMI			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY			
Α	Crime	Х		105716239		10/1/2022	10/1/2023	2,500 Deductible		150,000	
В	Directors & Officers	X		0598925681		10/1/2022	10/1/2023	1,000 Deductible	•	1,000,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	LES (A	ACORE	D 101, Additional Remarks Schedu			e space is requi	red)	·		
CERTIFICATE HOLDER						CANCELLATION					
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					