



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/21/2023

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 confer rights to the certificate holder in lieu of such endorsement(s).

|   |   |                       |               |
|---|---|-----------------------|---------------|
| <b>PRODUCER</b><br>Neate Dupey Insurance Group<br>8700 E. Vista Bonita Dr. Suite 270<br><br>Scottsdale AZ 85255           | <b>CONTACT NAME:</b> Dee Dungan<br><b>PHONE (A/C, No, Ext):</b> (480) 391-3000<br><b>E-MAIL ADDRESS:</b> Dee@neatedupey.com | <b>FAX (A/C, No):</b> |               |
|   | <b>INSURER(S) AFFORDING COVERAGE</b>  |                       | <b>NAIC #</b> |
| <b>INSURED</b><br>FOUR SEASONS CONDOMINIUM ASSOCIATION INC.<br>16625 S DESERT FOOTHILLS PKWY<br><br>PHOENIX AZ 85048-8470 | <b>INSURER A:</b> GREAT AMERICAN ALLIANCE INS CO  |                       | 26832         |
|   | <b>INSURER B:</b> STANDARD FIRE INS. CO - TRAVELERS   |                       | 19070         |
|   | <b>INSURER C:</b>   |                       |               |
|   | <b>INSURER D:</b>   |                       |               |
|   | <b>INSURER E:</b>   |                       |               |
|   | <b>INSURER F:</b>   |                       |               |

**COVERAGES** **CERTIFICATE NUMBER:** **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 | TYPE OF INSURANCE  | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |                          |          |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|--------------------------|----------|
| B        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY   |           |          | BIP4W758130   | 02/16/2023              | 02/16/2024              | EACH OCCURRENCE                           | \$ 1,000,000             |          |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR   |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 300,000               |          |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |           |          |               |                         |                         |   | MED EXP (Any one person) | \$ 5,000 |
|          | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC   |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000             |          |
|          | OTHER:   |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000             |          |
|          |  |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 2,000,000             |          |
|          |  |           |          |               |                         |                         |   | \$                       |          |
| B        | <b>AUTOMOBILE LIABILITY</b>  |           |          | BIP4W758130   | 02/16/2023              | 02/16/2024              | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000             |          |
|          | <input type="checkbox"/> ANY AUTO  |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$                       |          |
|          | <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$                       |          |
|          |  |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$                       |          |
|          |  |           |          |               |                         |                         | \$  |                          |          |
|          | <b>UMBRELLA LIAB</b>   |           |          |               |                         |                         | EACH OCCURRENCE                           | \$                       |          |
|          | <b>EXCESS LIAB</b>   |           |          |               |                         |                         | AGGREGATE                                 | \$                       |          |
|          | DED  |           |          |               |                         |                         | \$  | \$                       |          |
|          | RETENTION \$   |           |          |               |                         |                         |   |                          |          |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>   |           |          |               |                         |                         | PER STATUTE                               | OTH-ER                   |          |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  | Y/N       | N/A      |               |                         |                         | E.L. EACH ACCIDENT                        | \$                       |          |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$                       |          |
|          |  |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$                       |          |
| A        | Directors and Officers   |           |          | EPPE791554-00 | 02/16/2023              | 02/16/2024              | LIMIT                                     | \$1,000,000              |          |
|          |  |           |          |               |                         |                         | DED                                       | \$1,000                  |          |

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

Vision Community Management is included as additional insured by endorsement as required by contract.

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER</b><br>Vision Community Management<br><br>16625 S Desert Foothills Pkwy<br><br>Phoenix AZ 85048 | <b>CANCELLATION</b><br>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<br><i>Scott Shirley</i>   |

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