

JTUGGAY



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/23/2023

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).

th	is certificate does not confer rights t							require an endorsemen	L. A3	taternent on	
PRODUCER LeBaron & Carroll LLC 1350 E Southern Avenue Mesa, AZ 85204 INSURED Skyline Vista Ranch Property c/o Vision Community Management 16625 S Desert Foothills Parkway Phoenix, AZ 85048						CONTACT Joanne Quadros Tuggay					
						PHONE (A/C, No, Ext): (480) 834-9071 FAX (A/C, No): (480) 844-9866					
						E-MAIL ADDRESS: joannet@lebaroncarroll.com					
						INSURER(S) AFFORDING COVERAGE NAIC #					
						R A : Auto-O	wners Insu	rance Co		18988	
						INSURER B:					
						INSURER C:					
						INSURER D:					
						INSURER E:					
						INSURER F:					
CO	VERAGES CER	TIFI	CATE	NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICII DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	WHICH THIS	
INSR TYPE OF INCUPANCE			ADDL SUBR INSD WVD POLICY NUMBER			POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS					
LTR A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBER		(MM/DD/YYYY)	(MIM/DD/YYYY)	EACH OCCURRENCE \$		1,000,000	
	CLAIMS-MADE X OCCUR			45376503		2/26/2023	2/26/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000	
						2,20,2020	2,20,202 .	MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	1,000,000	
	OTHER:							TRODUCTO - CONIT /OF ACC	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							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			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DES(Visio	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC on Community Management is included	LES (A	ACORI I dditi	o 101, Additional Remarks Schedu onal insured with regards t	ile, may b	e attached if mor ral liability wh	e space is requinen required	red) by written contract (endt	to folio)w)	
CERTIFICATE HOLDER						CANCELLATION					
Vision Community Management 16625 S Desert Foothills Parkway 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					
						Consum Tubaque					