

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/15/2023

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).

	is certificate does not confer rights to	the	certi	ticate holder in lieu of su							
PRODUCER						CONTACT NAME: Scott Shirley					
Neate Dupey Insurance Group					PHONE (A/C, No, Ext): (480) 391-3000 (A/C, No):						
8700 E. Vista Bonita Dr. Suite 270						ADDRESS: Scott@neatedupey.com					
							. ,	RDING COVERAGE		NAIC#	
Scottsdale AZ 85255					INSURER A: LIO Insurance					11075	
INSURED					INSURER B: Continental Casualty Company					20443	
Rancho Mirada HOA					INSURER C:						
16625 S Desert Foothills Parkway					INSURER D :						
					INSURE	RE:					
PHOENIX AZ 85048					INSURER F:						
COVERAGES CERTIFICATE NUMBER:					REVISION NUMBER:						
IN CE E>	IIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PER CCLUSIONS AND CONDITIONS OF SUCH PO	JIREN TAIN, OLICI	IENT, THE ES. LI	TERM OR CONDITION OF A INSURANCE AFFORDED BY IMITS SHOWN MAY HAVE BE	NY CON THE PO	ITRACT OR OT LICIES DESCI DUCED BY PAI	THER DOCUM RIBED HEREIN D CLAIMS.	ENT WITH RESPECT TO WHI	CH THIS		
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$	3	2,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	3	100,000	
						05/18/2023	05/18/2024	MED EXP (Any one person) \$	3	5,000	
A		Y		HOA1000022608-00				PERSONAL & ADV INJURY \$	3	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	3	4,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	3	4,000,000	
	OTHER:							\$	3		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	3	1,000,000	
A	ANY AUTO					05/18/2024	BODILY INJURY (Per person) \$	3			
	OWNED SCHEDULED AUTOS ONLY AUTOS			HOA1000022608-00			05/18/2023	BODILY INJURY (Per accident) \$	3		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	3		
	AUTOS ONET							\$	3		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	:		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$			
	DED RETENTION \$	ł						S S			
	WORKERS COMPENSATION							PER OTH-	,		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT \$	•		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE \$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$			
								Deductible-\$2,500	)	\$170,000	
	A Property-HOA1000022608-00			D&O Policy# 619066163		05/18/2023	05/18/2024	Deductible-\$2,500		\$250,000	
	A Crime/Fidelity B Directors and Officers619066163			D&O 1 011Cy# 017000103		03/16/2023	03/10/2024	Deductible-\$1,000		\$1,000,000	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	IFS (	ACORI	 D 101. Additional Remarks Sched	lule, may	he attached if m	ore space is req	· ·		\$1,000,000	
	A Consists of 36 single family homes locate				.u.o,u		0.0 opa00 io ioq				
	2 ,										
	perty coverage \$170,000 for common area										
Ma	Management Company listed as an additioanl insured on General Liability, D&O, and crime coverage.										
<u> </u>	TIFICATE HOLDED		TI LATION								
CERTIFICATE HOLDER						CANCELLATION					
Vision Community Mangement						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
16625 S Desert Foothills Parkway						AUTHORIZED REPRESENTATIVE					

Phoenix AZ 85048

SCOTT SHIRLEY