

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/29/2023

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	o the	certi	ificate holder in lieu of su				roquiro un ondo		,, ,		
PRO	DUCER				CONTA NAME:	CONTACT Adam Kase						
StateFarm Adam Kase State Farm						PHONE (A/C, No, Ext): 480-585-5115 FAX (A/C, No):						
3240 E Union Hills Dr Suite 173						E-MAIL ADDRESS: info@adamkase.com						
Phoenix, AZ, 85050						INSURER(S) AFFORDING COVERAGE NAIC #						
						INSURER A: State Farm Fire and Casualty Company					25143	
INSURED												
Shea Patio Villas Homeowners Association						INSURER B:						
Office I and villas Hofficowricis Association						INSURER C:						
						INSURER D:						
						INSURER E :						
						INSURER F:						
	VERAGES CER	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.												
NSR LTR TYPE OF INSURANCE			SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
	COMMERCIAL GENERAL LIABILITY		VVVD	. CL.S. NOMBER		,		EACH OCCURRENCE		3,00	0,000	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTEL PREMISES (Ea occurr		300,		
			9					MED EXP (Any one pe		5,00		
Α				93-00-4733-8 F		08/17/2023	08/17/2024	PERSONAL & ADV IN				
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	0.000.000		0.000	
	POLICY PRO- LOC							PRODUCTS - COMP/O	0.000			
								PRODUCTS - COMP/C	\$	-,	-,	
	OTHER: AUTOMOBILE LIABILITY ANY AUTO							COMBINED SINGLE L				
								(Ea accident) BODILY INJURY (Per	•			
	OWNED SCHEDULED							BODILY INJURY (Per	· · ·			
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE				
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
	UMBRELLA LIAB OCCUP											
	EXOCOLUAD OCCUR							EACH OCCURRENCE				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$ WORKERS COMPENSATION							PER	\$			
	AND EMPLOYERS' LIABILITY Y / N							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EN	MPLOYEE \$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	CY LIMIT \$			
Α												
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	0 101, Additional Remarks Schedu	ıle, may b	e attached if mor	re space is requir	red)				
Loc	ation: E Cannon Dr Phoenix AZ 85028											
A - Building: 357,500 (Common Area Structure coverage ONLY)												
Commons Area Only												
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						

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