

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/10/2023

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).										
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LaBarre/Oksnee Insurance					NAME: PHONE 900 609 0744 FAX 040 599 4275					
	Enterprise, Suite 180				(A/C, No, Ext): 800-698-0711 (A/C, No): 949-588-1275					
Alls	so Viejo CA 92656									
					INSURER(S) AFFORDING COVERAGE				NAIC#	
INSU	IDED			QUINVER-01	INSURER A: American Family Home Insurance				10386	
	inta Verde Patiohouse Corp.				INSURE					
c/o Vision Community Mgmt '				INSURER C:						
16625 S. Desert Foothills Pkwy				INSURER D:						
Phoenix AZ 85048-9927					INSURER E :					
	VEDACES CED	TIFI	- A T	NUMBER: 4000000500	INSURE	RF:		DEVICION NUMBER.		
_				E NUMBER: 1800683526	6 REVISION NUMBER: HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POL			4E P∩I	ICV PERIOD	
	IDICATED. NOTWITHSTANDING ANY RE									
	ERTIFICATE MAY BE ISSUED OR MAY							HEREIN IS SUBJECT TO	ALL 7	THE TERMS,
		ADDL	SUBR		BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP					
INSR LTR		INSD Y	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		
Α		Ť		CAU400398-5		10/13/2023	10/13/2024	DAMAGE TO RENTED	\$ 1,000	·
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$ 1,000	
								MED EXP (Any one person)	\$ 5,000	
								PERSONAL & ADV INJURY	\$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ Unlim	
POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	ODUCTS - COMP/OP AGG \$1,000,000 \$			
A	OTHER: AUTOMOBILE LIABILITY			CALIA00200 E		40/42/2022	10/12/2024	COMBINED SINGLE LIMIT	\$1,000	000
^	ANY AUTO			CAU400398-5		10/13/2023	10/13/2024	(Ea accident) BODILY INJURY (Per person)	\$ 1,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	AUTOS ONLY X HIRED X NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB OCCUB									
	EVOTOG LIAD OCCUR							EACH OCCURRENCE	\$	
	CLAIWS-WADE							AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE								\$	
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT		
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$		
A	DÉSCRIPTION OF OPERATIONS below Property			CAU400398-5		10/13/2023	10/13/2024	\$1,000 Deductible	Ψ	00 GRC
A	Crime/Fidelity Directors & Officers	Y		CAU400398-5		10/13/2023	10/13/2024	\$0 Deductible \$0 Deductible	\$150, \$1,00	000
				CAU400398-5		10/13/2023	10/13/2024		Ψ1,00	0,000
DES	LCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (/	ACORD	 101. Additional Remarks Schedu	le. mav b	e attached if more	e space is require	ed)		
	A consists of 21 units. Located in Phoe				., .,			•		
l Ma	nagement Company is Additionally Insu	ed o	n the	General Liability. D&O Lia	bilitv. aı	nd Fidelitv/Cri	me.			
	, ,			•	,	,				
See 2nd page of certificate of insurance for further coverage information.										
See Attached										
CERTIFICATE HOLDER CANCELLATION										
Vision Community Mgmt					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 Pkwy Phoenix AZ 85048				AUTHORIZED REPRESENTATIVE						
USA										

۸	GENCY	CUSTOMER ID:	OHINVER-01
н	GENCI	CUSTOMER ID:	QUINVER-UI

LOC #:

R
ACORD

ADDITIONAL REMARKS SCHEDULE

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AGENCY LaBarre/Oksnee Insurance		NAMED INSURED Quinta Verde Patiohouse Corp. c/o Vision Community Mgmt		
POLICY NUMBER		16625 S. Desert Foothills Pkwy Phoenix AZ 85048-9927		
CARRIER	NAIC CODE	EFFECTIVE DATE:		
ADDITIONAL DEMARKS				

ADDITIONAL DEM	A DICC	EFFECTIVE DATE.			
ADDITIONAL REMARKS					
		S FORM IS A SCHEDULE TO ACORD FORM,			
FORM NUMBER: _	25	FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE			
Coverage is for COMI					
Coverage Includes: Special Form with 100 \$20,000 Property Sub Wind/Hail (excludes T Building Ordinance or Severability of Interes No Co-Insurance D&O is a Claims-Mad	Coverage Includes: Special Form with 100% Guaranteed Replacement Cost \$20,000 Property Sublimit for Trees/Shrubs Wind/Hail (excludes Trees/Shrubs) Building Ordinance or Law Severability of Interest / Separation of Insureds No Co-Insurance D&O is a Claims-Made Policy				
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