

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/17/2024

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 contain policies may require an endorsement. A chatemost on this contificate does not conforming the policy contains an endorsement.

conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not come rights to the certificate holder in field of such endorsement(s).					
PRODUCER Regina Stapley(8847330) 51 W Elliot Rd Ste 109		CONTACT NAME: Regina Stapley			
		PHONE (A/C, NO, EXT): 480-838-5917 FAX (A/C, NO): 480-345-9		,	
Tempe AZ	85284-1311	E-MAIL ADDRESS: rstapley@farmersagent.com			
		INSURER(S) AFFORDING COVERAGE		NAIC#	
INSURED		INSURER A: Truck Insurance Exchange	21709		
5.5.45.45.55.55.5		INSURER B: Farmers Insurance Exchange	21652		
PARK PALISADES HOMEOWN	···•	INSURER C: Mid Century Insurance Con	21687		
16625 S DESERT FOOTHILLS	PKVVY	INSURER D:			
PHOENIX	AZ 85048	INSURER E:			
	AZ 03040	INSURER F:			

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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	TVDE OF INCLIDANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea Occurrence) \$	75,000
							MED EXP (Any one person) \$	5,000
Α		Υ	N	607186374	02/15/2024	02/15/2025	PERSONAL & ADV INJURY \$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$	4,000,000
	POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG \$	2,000,000
	OTHER:						\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$	
	ANY AUTO						BODILY INJURY (Per person) \$	
	OWNED AUTOS SCHEDULED AUTOS		N				BODILY INJURY (Per accident) \$	
	HIRED AUTOS 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 ANY PROPRIETOR/PARTNER/ Y/N						PER STATUTE OTHER \$	
							E.L. EACH ACCIDENT \$	
	EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	
Α	A Employee Dishonesty			607186374	02/15/2024	02/15/2025	Ded 5000	\$25,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Directors & Officers \$2,000,000 Ded 500. Building Llmit \$3,429,547 Ded 5000
Vision Community Management is additional insured.

CERTIFICATE HOLDER	CANCELLATION		
VICIOIT COMMONT I INVITATORI	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
PHOFNIX AZ 85048	AUTHORIZED REPRESENTATIVE Regina Stapley		