

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/14/2024

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, 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).

tl							ificate holder in lieu of su	uch en	dorsement(s	i).	•			
PRODUCER Christian Krueger Agency, LLC								CONTACT CHRISTIAN KRUEGER						
1130 N Val Vista Dr Ste 101								PHONE (A/C, No, Ext): 480-607-3010 FAX (A/C, No): 480-607-5871						
Mesa AZ 85213									E-MAIL address: ckrueger@farmersagent.com					
									INSURER(S) AFFORDING COVERAGE NAIC #					
									INSURER A : FARMERS INSURANCE EXCHANGE					
INSURED OSBORN CIRCLE HOA								INSURER B:						
16625 S DESERT FOOT HILLS F PHOENIX AZ 85048						KWA'	Υ	INSURER C:						
								INSURER D :						
									INSURER E :					
									INSURER F:					
COVERAGES CERTIFICATE NUMBER:									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.														
INSR ADDL SUBR														
LTR	~	TYPE OF I				NSD WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)				1,000,000	
	۲	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR COUNTY CLAIMS-MADE POCCUR			~	ш					DAMAGE TO RENTED 75		•	
Α	\vdash										F O			
	Н						605817198		02/14/2024	02/14/2025	4.00			
							000017100		02/14/2024	02/14/2020	2.000			
											GENERAL AGGREGATE	\$ 1,00		
	۲		CT	LOC							PRODUCTS - COMP/OP AGG	\$ 1,00	0,000	
	AUT	OTHER: OMOBILE LIABILIT	γ								COMBINED SINGLE LIMIT	\$ 1,00	0.000	
A		ANY AUTO	ANY AUTO		ш	ш					(Ea accident) BODILY INJURY (Per person)	,		
	Н	OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY				605817198		02/14/2024	02/14/2025	BODILY INJURY (Per accident)				
										PROPERTY DAMAGE &				
	H	AUTOS ONLY	AUTOS ONLY								(Per accident)	\$		
	H	UMBRELLA LIAB	7	OCCUR	\Box	ш					EACH OCCURRENCE	\$		
	Н	EXCESS LIAB	ı	CLAIMS-MADE	Г						AGGREGATE	\$		
	П	DED RETE	-NTIC		1						71001120112	\$		
		KERS COMPENSATION				Ш					PER OTH-	Ψ		
			MPLOYERS' LIABILITY OPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED? Ittory in NH)			г					E.L. EACH ACCIDENT	\$		
		CER/MEMBEREXCL datory in NH)									E.L. DISEASE - EA EMPLOYEE \$			
	If yes	, describe under CRIPTION OF OPERATIONS below									E.L. DISEASE - POLICY LIMIT \$			
Α	_	CIFIED PROPER		5,10 50,011	~		605817198		02/14/2024	02/14/2025	\$25,000	DED \$1,		
Α	DIRECTORS & OFFICERS			~		605817198		02/14/2024	02/14/2025	\$1,000,000 \$25,000	DED \$1, DED \$1,			
A EMPLOYEE DISHONESTY				гү	~		605817198		02/14/2024	02/14/2025				
1U 8	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) B UNIT COMMON AREA COVERAGE ONLY. NO COVERAGE FOR INDIVIDUAL UNITS. MANAGEMENT COMPANY LISTED AS ADDITIONAL INSURED FOR LIABILITY, DIRECTORS & OFFICERS, AND EMPLOYEE DISHONESTY													
CE	DTIE	ICATE HOLD	EP.					CANCELLATION						
CERTIFICATE HOLDER VISION COMMUNITY MANAGEMENT 16625 S DESERT FOOT HILLS 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						
								1 - 1 - 15 - 1						

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