SKYLVIS-01

**JTUGGAY** 



## **CERTIFICATE OF LIABILITY INSURANCE**

1/30/2024

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).

|  | nis certificate does not confer rights t  | o the         | cert                   | ificate holder in lieu of su  | CONTA  | lorsement(s).<br><sup>C⊺</sup> Joanne (   | Quadros Tu                                | ıggay                              |                |       |                        |  |
|--|---|---------------|------------------------|---|--|---|---|------------------------------------|----------------|-------|------------------------|--|
| LeBaron & Carroll LLC  |   |               |                        |   | PHONE (A/C, No, Ext): (480) 834-9071 FAX (A/C, No): (480) 844-9866 |   |   |                                    |                |       |                        |  |
|  | 0 E Southern Avenue<br>sa, AZ 85204   |               |                        |   | E-MAIL   | ss: joannet@  | ebaronca                                  | rroll.com                          | (A/C, NO).     | (,    |                        |  |
|  |   |               |                        |   | ADDILL   |   |   | RDING COVERAGE                     |                |       | NAIC#                  |  |
|  |   |               |                        |   |  | INSURER A : Auto-Owners Insurance Co  |   |                                    |                |       | 18988                  |  |
| INSURED Skyline Vista Ranch Property   |   |               |                        |   |  | INSURER B:  |   |                                    |                |       |                        |  |
| Skyline Vista Ranch Property<br>c/o Vision Community Management<br>16625 S Desert Foothills Parkway<br>Phoenix, AZ 85048 |   |               |                        |   |  | INSURER C:  |   |                                    |                |       |                        |  |
|  |   |               |                        |   |  | INSURER D:  |   |                                    |                |       |                        |  |
|  |   |               |                        |   |  | INSURER E :   |   |                                    |                |       |                        |  |
|  |   |               |                        |   |  | INSURER F:  |   |                                    |                |       |                        |  |
| CC   | VERAGES CER   | RTIFIC        | ATE                    | NUMBER:   |  |   |   | REVISION NUI                       | MBER:          |       |                        |  |
| II<br>C  | HIS IS TO CERTIFY THAT THE POLICI<br>IDICATED. NOTWITHSTANDING ANY F<br>ERTIFICATE MAY BE ISSUED OR MAY<br>XCLUSIONS AND CONDITIONS OF SUCH | PERT<br>POLIC | REMI<br>TAIN,<br>CIES. | ENT, TERM OR CONDITION<br>THE INSURANCE AFFORN<br>LIMITS SHOWN MAY HAVE | N OF A   | NY CONTRAC<br>7 THE POLICI<br>REDUCED BY F  | OT OR OTHER<br>ES DESCRIB<br>PAID CLAIMS. | R DOCUMENT WI                      | TH RESPE       | CT TO | O WHICH THIS           |  |
| INSF<br>LTR  | TYPE OF INSURANCE   | ADDL<br>INSD  | SUBR<br>WVD            | POLICY NUMBER   |  | POLICY EFF<br>(MM/DD/YYYY)  | POLICY EXP<br>(MM/DD/YYYY)                |                                    | LIMIT          | s     |                        |  |
| Α  | X COMMERCIAL GENERAL LIABILITY  |               |                        |   |  |   |   | EACH OCCURREN                      |                | \$    | 1,000,000              |  |
|  | CLAIMS-MADE X OCCUR   |               |                        | 0323254537650324  |  | 2/26/2024   | 2/26/2025                                 | DAMAGE TO RENT<br>PREMISES (Ea occ | ED<br>urrence) | \$    | 50,000                 |  |
|  |   |               |                        |   |  |   |   | MED EXP (Any one                   | person)        | \$    | 5,000                  |  |
|  |   |               |                        |   |  |   |   | PERSONAL & ADV                     | INJURY         | \$    | 1,000,000              |  |
|  | GEN'L AGGREGATE LIMIT APPLIES PER:  |               |                        |   |  |   |   | GENERAL AGGRE                      | GATE           | \$    | 2,000,000<br>1.000.000 |  |
|  | X POLICY PRO-   |               |                        |   |  |   |   | PRODUCTS - COM                     | P/OP AGG       | \$    | 1,000,000              |  |
|  | OTHER:  |               |                        |   |  |   |   | COMBINED SINGLI                    | E LIMIT        | \$    |                        |  |
|  | AUTOMOBILE LIABILITY  |               |                        |   |  |   |   | (Ea accident)                      |                | \$    |                        |  |
|  | ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS   |               |                        |   |  |   |   | BODILY INJURY (P                   |                | \$    |                        |  |
|  | AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY   |               |                        |   |  |   |   | BODILY INJURY (P<br>PROPERTY DAMA  |                | \$    |                        |  |
|  | AUTOS ONLY AUTOS ONLY   |               |                        |   |  |   |   | (Per accident)                     |                | \$    |                        |  |
|  | UMBRELLA LIAB OCCUR   |               |                        |   |  |   |   | EACH OCCURREN                      | CF.            | \$    |                        |  |
|  | EXCESS LIAB CLAIMS-MADE   |               |                        |   |  |   |   | AGGREGATE                          | CE             | \$    |                        |  |
|  | DED RETENTION \$  | 1             |                        |   |  |   |   | AGGILLGATE                         |                | \$    |                        |  |
|  | WORKERS COMPENSATION  |               |                        |   |  |   |   | PER<br>STATUTE                     | OTH-<br>ER     |       |                        |  |
|  | AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE   Y / N  |               |                        |   |  |   |   | E.L. EACH ACCIDE                   |                | \$    |                        |  |
|  | OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  | N/A           |                        |   |  |   |   | E.L. DISEASE - EA                  | EMPLOYEE       | \$    |                        |  |
|  | If yes, describe under DESCRIPTION OF OPERATIONS below  |               |                        |   |  |   |   | E.L. DISEASE - PO                  | LICY LIMIT     | \$    |                        |  |
|  |   |               |                        |   |  |   |   |                                    |                |       |                        |  |
|  |   |               |                        |   |  |   |   |                                    |                |       |                        |  |
|  |   |               |                        |   |  |   |   |                                    |                |       |                        |  |
| DES<br>Visi  | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC<br>on Community Management is included   | LES (A        | CORE                   | o 101, Additional Remarks Schedu<br>Onal insured with regards t         | le, may b<br>o gene  | e attached if mor<br>ral liability wh   | e space is requir<br>en required          | <sup>ed)</sup><br>by written contr | act            |       |                        |  |
| CE   | RTIFICATE HOLDER  |               |                        |   | CANO   | ELLATION  |   |                                    |                |       |                        |  |
| Vision Community Management<br>16625 S Desert Foothills Parkway<br>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 |   |                                    |                |       |                        |  |

Agency Code 25-0047-00 Policy Number 032325-45376503

COMMERCIAL GENERAL LIABILITY CG 20 18 04 13

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED - MORTGAGEE, ASSIGNEE OR RECEIVER

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### **SCHEDULE**

| Name Of Person(s) Or Organization(s)   | Designation Of Premises                        |  |  |  |  |  |
|--|--|--|--|--|--|--|
| VISION COMMUNITY MANAGEMENT  | 3504 E TRIPLE CROWN DR SAN TAN VALLEY AZ 85140 |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |  |  |  |  |  |  |

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to their liability as mortgagee, assignee, or receiver and arising out of the ownership, maintenance, or use of the premises by you and shown in the Schedule.

### However:

- The insurance afforded to such additional insured only applies to the extent permitted by law: and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- **B.** This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.
- **C.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III Limits Of Insurance**:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- **1.** Required by the contract or agreement; or
- **2.** Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.