

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/22/2024

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).

	RODUCER				CONTA	CT TIQUA	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND					
StateFarm LULA M SMITH					NAME: TISHA SMITH							
7217 S CENTRAL AVENUE						(A/C, No, Ext): 602-232-0793						
						E-MAIL ADDRESS: tisha.l.smith.l7db@statefarm.com						
PHOENIX, AZ 85042						INSURER(S) AFFORDING COVERAGE NAIC #						
						INSURER A: State Farm Fire and Casualty Company					25143	
INS	SURED	INSURER B:						20110				
	SOUTH MOUNTAIN SPO F	INSURER C:										
	VISION COMMUNITY MGN	INSURER D :										
16625 S DESERT FOOT						INSURER E :						
PHOENIX AZ 85048-8470						INSURER F:						
COVERAGES CERTIFICATE NUMBER:						DEMOION NUMBER						
C	THIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PER POLI	TAIN	THE INCLIDANCE AFFORD	OF AN	THE POLICIE REDUCED BY	THE INSUR OR OTHER S DESCRIBE PAID CLAIMS	ED NAMED ABOV DOCUMENT WITH	E FOR T	HE PO CT TO O ALL	LICY PERIOD WHICH THIS THE TERMS,	
LTR	R TYPE OF INSURANCE		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
	CLAIMS-MADE OCCUR							EACH OCCURRENC DAMAGE TO RENTE PREMISES (Ea occur MED EXP (Any one p	E D rrence)	\$ 1,000,000 \$ \$ 5,000		
				93-CZ-1078-7		03/28/2024	05/28/2025	PERSONAL & ADV IN				
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA		\$ 2.00	000	
	POLICY JECT LOC							PRODUCTS - COMP		\$ 2,00		
	OTHER:								100000	\$ 2,00	0,000	
	AUTOMOBILE LIABILITY			33/8 1012233				COMBINED SINGLE (Ea accident)	LIMIT	\$		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per	190-19-19-19-19-19-19-19-19-19-19-19-19-19-	\$		
	AUTOS ONLY AUTOS							BODILY INJURY (Per		\$		
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE	=	\$		
								(Per accident)				
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	700_ 18	
-	DED RETENTION \$							ACCINECATE		\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER	OTH-	\$	-9	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	1	\$ \$		
	(Mandatory in NH)	N/A			1			E.L. DISEASE - EA EN		-		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICE				
		į į						L.L. DIOLAGE - FOLK	ST LOWIT	\$		
	th the										J	
ESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Scheduk	e, may be	attached if more	space is require	ed)				
CERTIFICATE HOLDER						CANCELLATION						
	SOUTH MOUNTAIN SPO HO	OMEO	WNE		SHOU	JLD ANY OF T	DATE THE	ESCRIBED POLICIE REOF, NOTICE PROVISIONS	ES BE CA WILL B	NCELL E DEL	ED BEFORE IVERED IN	

VISION COMMUNITY MGMT

PHOENIX AZ 85048-8470

16625 S DESERT FOOTHILLS PKWY

AUTHORIZED REPRESENTATIVE



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PRODUCER						CONTACT TISHA SMITH					
StateFarm LULA M SMITH						PHONE (A/C, No, Ext): 602-232-0793 (A/C, No): 602-232-2448					
6	7217 S CENTRAL AVE	NUE			E-MAIL ADDRESS: tisha.l.smith.l7db@statefarm.com						
	PHOENIX, AZ 85042				INSURER(S) AFFORDING COVERAGE					NAIC#	
					INSURER A: State Farm Fire and Casualty Company					25143	
INSU		0.000			INSURER B:						
	SOUTH MOUNTAIN SPO H	OME	NWC	ERS ASSOC C/O	INSURER C:						
	VISION COMMUNITY MGM			INSURER D:							
	16625 S DESERT FOOT				INSURER E :						
201	PHOENIX AZ 85048-8470				INSURER F:						
	ERAGES CERTIFY THAT THE POLICIE	RTIFIC	CATE	NUMBER:	REVISION NUMBER:						
CE	NOTICE INCIDING ANT R	TAIN, CIES.	THE INSURANCE AFFORD	HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIO ION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS DROBED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS AVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADD	SUB	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIM	TS		
	COMMERCIAL GENERAL LIABILITY					(11111)	(11111111111111111111111111111111111111	The second secon		00,000	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
				SANGER SOMEONE CONTRACTOR				MED EXP (Any one person)	\$ 5,000		
-				93-CZ-1078-7		03/28/2024	05/28/2025	PERSONAL & ADV INJURY	\$		
+	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,00	\$ 2,000,000	
1	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	\$ 2,000,000	
-	OTHER: AUTOMOBILE LIABILITY	-						COMBINED SINGLE LIMIT	\$		
t	ANY AUTO							(Ea accident)	\$		
t	OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
t	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE	1		
Ī	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR							FACULOGOUPPENOS	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							AGGREGATE	\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						1.02		PER OTH-	\$		
		N/A						E.L. EACH ACCIDENT	s		
								E.L. DISEASE - EA EMPLOYER	\$	1470 1482	
								E.L. DISEASE - POLICY LIMIT	\$		
DESCE	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	EC /A	CORD	404 4 4 4 10				***************************************			
5200.	TON OF SECUNDARY VEHIC	LES (A	CORD	101, Additional Remarks Schedu	ie, may be	e attached if more	e space is require	ed)			
										11	
000				The second secon							
CER	TIFICATE HOLDER			CANCELLATION							
	SOUTH MOUNTAIN SPO HO)WNE	RS ASSOC C/O	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 85048-8470						AUTHORIZED REPRESENTATIVE					