

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

Ī			=R		ICATE OF LIA	BILI	I Y INS	URANC	E	4/	1/2025	
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).												
PRODUCER CONTACT NAME: Kelsy De Lay												
Neate Dupey Insurance Group							PHONE (A/C, No, Ext): (480) 391-3000 FAX (A/C, No):					
8700 E. Vista Bonita Dr. Suite 270						E-MAIL ADDRESS: Kelsy@neatedupey.com						
						INSURER(S) AFFORDING COVERAGE					NAIC #	
Scottsdale AZ 85255						INSURER A : BERKLEY NATL INS CO					38911	
INSURED						INSURER B: CHUBB INS CO LTD					780062	
Rio	Vista	Condominiums			INSURER C :							
16625 S DESERT FOOTHILLS PKWY						INSURER D :						
						INSURER E :						
PHOENIX AZ 85048-847						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 LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
	X								EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000	
									MED EXP (Any one person)	\$	5,000	
А			Y		QDP4AL0001808 11		04/24/2025	04/24/2026	PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	AL AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X								PRODUCTS - COMP/OP AGG	\$	2,000,000	
		OTHER:								\$		
	AUT								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
									BODILY INJURY (Per person)	\$		
А		OWNED SCHEDULED AUTOS			QDP4AL0001808 11		04/24/2025	04/24/2026	BODILY INJURY (Per accident)	\$		
	X	HIRED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
										\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
		DED RETENTION \$								\$		
	AND	RKERS COMPENSATION EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER			
	ANY OFFI	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	(Man If ves	datory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
	DÉSC	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
-	Б	irectors and Officers					04/04/0000	04/04/075	Limit Of Liability		1,000,000	
В					ADOAZF177223232		04/24/2025	04/24/2026	Aggregate Limit		1,000,000	
0500					101 Additional Days and a Col	lulo = -	ho ottochr -1 if	oro on '	uirod)			
		TION OF OPERATIONS / LOCATIONS / VEHIC										
Bui	lding	Community Management,(per written c g coverage \$825,452.00 includeds exter ds building ordidnance & mechanical br	nded r	epalce	ement cost. Property deductib	ole \$2,50	00.		Building, 4 unit Condomin	ium .		
CER	TIF	ICATE HOLDER				CANC	ELLATION					
Vision Community Mangement							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 Parkway						AUTHORIZED REPRESENTATIVE						
Phoenix AZ 85048							SCOTT SHIRLEY					

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