



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/2/2025

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).

<b>PRODUCER</b> Neate Dupey Insurance Group 8700 E. Vista Bonita Dr. Suite 270  Scottsdale AZ 85255		<b>CONTACT</b> NAME: Dee Dungan PHONE (A/C, No, Ext): (480) 391-3000 E-MAIL: dee@neatedupey.com ADDRESS:  <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> LIO INSURANCE CO <b>INSURER B:</b> SIRIUSPOINT SPECIALTY INSURANCE CORP <b>INSURER C:</b> AmTrust Insurance Company of Kansas <b>INSURER D:</b> STARNET INS CO <b>INSURER E:</b> <b>INSURER F:</b>		<b>FAX (A/C, No):</b>  <b>NAIC #</b> 17346 16820 15954 40045
<b>INSURED</b> Exeter Place Associaton inc. 16625 S DESERT FOOTHILLS PKWY  PHOENIX AZ 85048				

**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)	LIMITS										
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: PROPERTY	Y		HOA1000022818-01	06/01/2025	06/01/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 LIMIT \$ \$200,000										
	A						<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY	Y	HOA1000022818-01	06/01/2025	06/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$					
							B					<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> DED RETENTION \$	Y	XUMB24-104619	06/01/2025	06/01/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
												C					<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below
D	Directors and Officers Employee Dishonesty	Y	QDO0007390-00	06/01/2025	06/01/2026	LIMIT / DED \$1,000,000/\$2500 LIMIT / DED \$100,000/\$1000											

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

See ACORD 101

**CERTIFICATE HOLDER****CANCELLATION**

REALMANAGE FAMILY OF BRANDS

VISION COMMUNITY MANAGEMENT  
16625 S. Desert Foothills Pkwy  
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

**SCOTT SHIRLEY**

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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

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<b>AGENCY</b> Neate Dupey Insurance Group		<b>NAMED INSURED</b> Exeter Place Associaton inc.
<b>POLICY NUMBER</b> QDO0007390-00, HOA1000022818-01, KWC1394627, XUMB24-104619		
<b>CARRIER</b> STARNET INS CO	<b>NAIC CODE</b> 40045, , 159	
		<b>EFFECTIVE DATE:</b>

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25 **FORM TITLE:** Certificate Of Liability Insurance

Location: 1301 W Rio Salado Parkway, Mesa, AZ 85201  
 The association has 52 units. Coverage includes \$200,000 in coverage for common elements with a \$1,000 deductible., No coverage offered for the Units.  
 \$250,000 in crime coverage  
 Property Manager is listed as an additional insured on General liability, D&O , and Crime. 52 Unit Single Family Homeowners Association located at 1301 W  
 Rio Salado Parkway, Mesa AZ 85201;  
 Common Area Coverage \$200,000 with \$ 1,000 deductible. No coverage for the units.  
 30 day notice of cancellation applies.