



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/24/2025

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 CASEY J BELL AGENCY, LLC 9240 W UNION HILLS DR STE 101 PEORIA, AZ 85383 | CONTACT NAME: PHONE (A/C, No. Ext): 623-580-4800 FAX (A/C, No): 623-587-5879 E-MAIL ADDRESS: CBAGENCY@AMFAM.COM | | | | | | | | | | | | | | | | | | | | | |
|--|--|-------------------------------|--|--------|-------------|---------------------|-------|-------------|---------------------|-------|-------------|--------------------------|-------|-------------|--|--|-------------|--|--|-------------|--|--|
| INSURED 1920 E Maryland Place Townhomes C/O Vision Community Management 16625 S Desert Foothills Pkwy Phoenix, AZ 85018 | <table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A :</td><td>HONEYCOMB INSURANCE</td><td>26379</td></tr><tr><td>INSURER B :</td><td>PMA COMPANIES, INC.</td><td>12262</td></tr><tr><td>INSURER C :</td><td>CHUBB GROUP OF INSURANCE</td><td>27774</td></tr><tr><td>INSURER D :</td><td></td><td></td></tr><tr><td>INSURER E :</td><td></td><td></td></tr><tr><td>INSURER F :</td><td></td><td></td></tr></table> | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A : | HONEYCOMB INSURANCE | 26379 | INSURER B : | PMA COMPANIES, INC. | 12262 | INSURER C : | CHUBB GROUP OF INSURANCE | 27774 | INSURER D : | | | INSURER E : | | | INSURER F : | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # | | | | | | | | | | | | | | | | | | | | |
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| 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 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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | Y | | 1-HNY-AZ-01-01533415-00 | 02/25/2025 | 02/25/2026 | EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$ |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | Y | | 1-HNY-AZ-01-01533415-00 | 02/25/2025 | 02/25/2026 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y / N <input type="checkbox"/> | N / A | | | | PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| B | CRIME/FIDELITY | Y | | 4125011378959Y | 02/25/2025 | 02/25/2026 | \$1000 Deductible \$150,000 |

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

Condominium Association consisting of 33 units. Located in Phoenix, AZ
Property/Building \$10,333,328 - Detached Garage/Carport \$100,000 - Sewer Backup \$25,000 - Ordinance or Law Coverage A \$10,333,238 Ordinance or Law Coverage B \$1,033,324 - Ordinance or Law Coverage C \$1,033,324 - Equipment Breakdown \$10,333,328
All Perils including water damage. Deductible \$10,000 (AOP & Water), Wind/Hail Deductible 2%
Insurer C: D&O Policy # ADOAZF182121832 Term Dates 2/25/2025 - 2/25/2026 Liability Limit \$1,000,000, Deductible/Retention \$500
Management Company is listed as Additional Insured on GL, D&O & Crime.

CERTIFICATE HOLDER**CANCELLATION**

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|---|---|
| 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 TERESA WEBER |
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