



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/16/2025

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 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> LUNDGREN INSURANCE AGENCY 2 N CENTRAL AVE STE 1800 PHOENIX, AZ 85004		<b>CONTACT NAME:</b> MATT LUNDGREN <b>PHONE (A/C, No, Ext):</b> 602-218-6022 <b>FAX (A/C, No):</b> 800-878-3151 <b>E-MAIL ADDRESS:</b> CS@LUNDGRENINSURANCEAGENCY.COM	
		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> ACCELERANT NATIONAL INS CO	<b>NAIC #</b> 10220
<b>INSURED</b> VENTANA HOMEOWNERS ASSOCIATION C/O VISION COMMUNITY MANAGEMENT 16625 S DESERT FOOTHILLS PKWY PHOENIX, AZ 85048		<b>INSURER B:</b> CONTINENTAL CASUALTY INS CO <b>INSURER C:</b> FEDERAL INSURANCE CO <b>INSURER D:</b> AMTRUST <b>INSURER E:</b> <b>INSURER F:</b>	21881 20281 15954  

## 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	<b>COMMERCIAL GENERAL LIABILITY</b>			N030PK1855-02	7/29/2025	7/29/2026	EACH OCCURRENCE
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	DAMAGE TO RENTED PREMISES (Ea occurrence)				
	GEN'L AGGREGATE LIMIT APPLIES PER:		\$ 1,000,000				
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		\$ 300,000				
							\$ 10,000
							\$ 1,000,000
							\$ 2,000,000
							\$ 2,000,000
							\$
B	<b>DIRECTORS AND OFFICERS</b>			619026231	7/29/2025	7/29/2026	EACH OCCURRENCE
	<input checked="" type="checkbox"/> CLAIMS MADE	Y	\$ 1,000,000				
							\$
							\$
B	<b>FIDELITY CRIME</b>			619026231	7/29/2025	7/29/2026	EACH OCCURRENCE
	<input checked="" type="checkbox"/> CLAIMS MADE	Y	\$ 500,000				
							\$
							\$
							\$
C	<b>UMBRELLA LIAB</b>			G74606271	7/29/2025	7/29/2026	EACH OCCURRENCE
	<b>EXCESS LIAB</b>		OCCUR				\$ 10,000,000
			CLAIMS-MADE				AGGREGATE
							\$ 10,000,000
							\$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			TWC4297338	7/29/2025	7/29/2026	PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				E.L. EACH ACCIDENT
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE
							E.L. DISEASE - POLICY LIMIT
							\$ 1,000,000
							\$ 1,000,000
							\$ 1,000,000
A	<b>BUILDING COVERAGE</b>			N030PK1855-02	7/29/2025	7/29/2026	\$ 16,171,000 GUARANTEED REPLACEMENT COST

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

BUILDING COVERAGE INCLUDES EXTERIOR OF THE BUILDINGS AND INTERIOR OF THE UNITS. BETTERMENTS AND IMPROVEMENTS TO THE INTERIOR OF THE UNITS ARE THE UNIT OWNERS RESPONSIBILITY. CLAIMS ARE SUBJECT TO A \$25,000 DEDUCTIBLE PER OCCURRENCE: SPECIAL FORM: 80 UNITS POLICY INCLUDES BUILDING ORDINANCE A,B,C: SEPARATION OF INSURED, BOILER/MACHINERY AND INFLATION GUARD MANAGEMENT COMPANY IS ADDITIONAL INSURED ON GL, CRIME AND D&O WIND/HAIL ARE INCLUDED PERILS BUILDING COVERAGE RATED AT 100% REPLACEMENT COST COMMON AREA INCLUDED IN COVERAGE

## CERTIFICATE HOLDER

## CANCELLATION

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 30 DAYS.

AUTHORIZED REPRESENTATIVE

*Matt Lundgren*

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