



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/19/2025

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> SELECTIVE WAY INSURANCE CO <b>INSURER B:</b> CHUBB NATIONAL INSURANCE CO <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>FAX</b> (A/C, No):  <b>NAIC #</b> 26301 10052
<b>INSURED</b> ZAHARA PROFESSIONAL OFFICE 16625 S DESERT FOOTHILLS PKWY  PHOENIX AZ 85048-8470		

**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: CRIME/FIDELITY	Y	Y	S 2571684	08/22/2025	08/22/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 CRIME/FIDELITY/ DEC \$ \$150,000 / \$1,000								
	<b>AUTOMOBILE LIABILITY</b> <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	S 2571684	08/22/2025	08/22/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$				
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> DED RETENTION \$										Y	S 2571684	08/22/2025	08/22/2026	EACH OCCURRENCE \$ AGGREGATE \$ \$
	<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														Y / N <input type="checkbox"/> N / A
B	Directors and Officers	Y	ADOAZF186404052	08/22/2025	08/22/2026	LIMIT \$1,000,000									

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

See ACORD 101

**CERTIFICATE HOLDER****CANCELLATION**

Real Manage Family of Brands / Vision Community Management

16625 S Desert Foothills Parkway.

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**Page 1 of 1

<b>AGENCY</b> Neate Dupey Insurance Group		<b>NAMED INSURED</b> ZAHARA PROFESSIONAL OFFICE	
<b>POLICY NUMBER</b> S 2571684, ADOAZF186404052			
<b>CARRIER</b> SELECTIVE WAY INS CO	<b>NAIC CODE</b> 26301, 1005		
		<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

36 UNITS, 9 BUILDINGS AND COMMON AREAS  
LOCATION 3654 N POWER RD, MESA, AZ 85215

PROPERTY MANAGEMENT COMPANY IS AUTOMATICALLY INCLUDED AS ADDITIONAL INSURED ON THE GL, D&O AND CRIME POLICIES.  
SEPARATION OF INSURED CLAUSE APPLIES AS PER POLICY LANGUAGE. 10 DAY NOTICE OF CANCELLATION FOR NON-PAYMENT/ 30 DAY  
NOTICE FOR ALL OTHER REASONS PROVIDED. Real Manage Family of Brands / Vision Community Management are included as additional insured and  
given a waiver of subrogation by endorsement as required by contract. 30 days notice of cancellation will be provided.



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

08/19/2025

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

<b>AGENCY</b> Neate Dupey Insurance Group 8700 E. Vista Bonita Dr. Suite 270  Scottsdale AZ 85255	<b>PHONE</b> (A/C, No, Ext): (480) 391-3000	<b>COMPANY</b>  SELECTIVE WAY INSURANCE CO. NAIC#26301
<b>FAX</b> (A/C, No):	<b>E-MAIL ADDRESS:</b> dee@neatedupey.com	
<b>CODE:</b>	<b>SUB CODE:</b>	
<b>AGENCY CUSTOMER ID #:</b>		
<b>INSURED</b> Zahara Professional Office Owners Association 16625 S DESERT FOOTHILLS PKWY  PHOENIX AZ 85048	<b>LOAN NUMBER</b>	<b>POLICY NUMBER</b> S 2571684
	<b>EFFECTIVE DATE</b> 08/22/2025	<b>EXPIRATION DATE</b> 08/22/2026
		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
	<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>	

## PROPERTY INFORMATION

### LOCATION/DESCRIPTION

3654 N POWER RD, MESA, AZ 85215  
9 BUILDINGS, 36 UNITS AND COMMON AREAS

RE: 3654 N Power Rd, Mesa, AZ 85215

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 EVIDENCE OF PROPERTY INSURANCE 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.

## COVERAGE INFORMATION

PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL	
COVERAGE / PERILS / FORMS				
BUILDINGS - BLANKET COVERAGE - NO CO-INSURANCE				
100 % REPLACEMENT COST				
ORDINANCE & LAW - COV A INCLUDED IN BUILDING, COV B&C				
EQUIPMENT BREAKDOWN INCLUDED IN BUILDING				
8% AUTOMATIC INCREASE				
DIRECTORS & OFFICERS-Chubb D&O policy# ADOAZF186404052				
BARE WALLS COVERAGE- LESS BETTERMENTS AND IMPROVEMENTS				
FIDELITY / EMPLOYEE DISHONESTY				
BUSINESS INCOME WITH EXTRA EXPENSES- NO WAITING PERIOD-ACTUAL LOSS SUSTAINED UP TO 12 MONTH				
WIND/HAIL COVERAGE INCLUDED IN BLDG LIMIT				

## REMARKS (Including Special Conditions)

GENERAL LIABILITY WITH SELECTIVE WAY INSURANCE S 2571684 LIMITS \$ 2 MIL / \$ 4 MIL

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

## ADDITIONAL INTEREST

<b>NAME AND ADDRESS</b>  Real Manage Family of Brands / Vision Community Management  16625 S Desert Foothills Parkway  Phoenix AZ 85048	<b>ADDITIONAL INSURED</b>  MORTGAGEE <input checked="" type="checkbox"/> EVIDENCE OF INSURANCE	<b>LENDER'S LOSS PAYABLE</b> <input type="checkbox"/> LOSS PAYEE
	<b>LOAN #</b>	
	<b>AUTHORIZED REPRESENTATIVE</b>  SCOTT SHIRLEY	