



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/28/2025

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 DOUGLAS BELL 9059w Lkpleasnt G760 Peoria, AZ 85382	(88-06-2F7)	CONTACT NAME:	PHONE (A/C, NO, EXT): (623) 745-4500	FAX (A/C, NO): 000-000-0000
		E-MAIL ADDRESS: dbell2@farmersagent.com		
		INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED SHADOW RIDGE HOMEOWNERS 16625 S DESERT FOOTHILLS PKWY PHOENIX, AZ 85048-8470		INSURER A: Truck Insurance Exchange		21709
		INSURER B: Farmers Insurance Exchange		21652
		INSURER C: Mid Century Insurance Company		21687
		INSURER D:		
		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 NAME 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		ADDTL 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"/>	<input type="checkbox"/>	607222113	09/14/2025	09/14/2026	EACH OCCURRENCE	\$2,000,000				
	<input type="checkbox"/>	CLAIMS-MADE						<input checked="" type="checkbox"/>	OCCUR	DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$75,000		
	<input type="checkbox"/>							MED EXP (Any one person)	\$5,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$2,000,000				
	<input checked="" type="checkbox"/>	POLICY						<input type="checkbox"/>	PROJECT	<input type="checkbox"/>	LOC	GENERAL AGGREGATE	\$4,000,000
	<input type="checkbox"/>	OTHER:						PRODUCTS - COMP/OP AGG	\$2,000,000				
	<input type="checkbox"/>								\$				
A	AUTOMOBILE LIABILITY		<input type="checkbox"/>	<input type="checkbox"/>	607222113	09/14/2025	09/14/2026	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000				
	<input type="checkbox"/>	ANY AUTO OWNED AUTOS ONLY						<input type="checkbox"/>	SCHEDULED AUTOS	BODILY INJURY (Per person)	\$		
	<input checked="" type="checkbox"/>	HIRED AUTOS ONLY						<input checked="" type="checkbox"/>	NON-OWNED AUTOS ONLY	BODILY INJURY (Per accident)	\$		
	<input type="checkbox"/>							PROPERTY DAMAGE (Per accident)	\$				
	<input type="checkbox"/>								\$				
<input type="checkbox"/>	UMBRELLA LIAB		<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE	\$				
	EXCESS LIAB							AGGREGATE	\$				
	DED							RETENTION \$	\$				
<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		<input type="checkbox"/>	N/A				PER STATUTE	OTHER	\$			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							Y/N		E.L. EACH ACCIDENT	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - EA EMPLOYEE	\$		
										E.L. DISEASE - POLICY LIMIT	\$		

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
5600 S WHITE DR, CHANDLER, AZ, 85249

CERTIFICATE HOLDER

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.

AUTHORIZED REPRESENTATIVE