




# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/30/2025

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><br><br>Kevin Cunningham<br>8601 S Priest Dr, Unit 101<br>Tempe, AZ 85284 | <b>CONTACT</b><br>NAME: Kevin Cunningham<br>PHONE (A/C, No, Ext): 480-785-0700<br>E-MAIL ADDRESS: kevin@kevinmcunningham.com<br>FAX (A/C, No): 480-785-0740   |                               |        |   |       |            |  |            |  |            |  |            |  |            |  |
|--|---|-------------------------------|--------|---|-------|------------|--|------------|--|------------|--|------------|--|------------|--|
| <b>INSURED</b><br>Paseo Crossing HOA<br>16625 S Desert Foothills Pkwy<br>Phoenix, AZ 85048   | <table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: State Farm Fire and Casualty Company</td><td>25143</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: State Farm Fire and Casualty Company | 25143 | INSURER B: |  | INSURER C: |  | INSURER D: |  | INSURER E: |  | INSURER F: |  |
| INSURER(S) AFFORDING COVERAGE  | NAIC #  |                               |        |   |       |            |  |            |  |            |  |            |  |            |  |
| INSURER A: State Farm Fire and Casualty Company  | 25143   |                               |        |   |       |            |  |            |  |            |  |            |  |            |  |
| INSURER B:   |   |                               |        |   |       |            |  |            |  |            |  |            |  |            |  |
| INSURER C:   |   |                               |        |   |       |            |  |            |  |            |  |            |  |            |  |
| 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 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   | ADD INSD   | SUB WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|--|---------|---------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | Y  | Y       | 93-TU-3853-2  | 10/01/2025              | 10/01/2026              | EACH OCCURRENCE \$ 2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$ 4,000,000<br>PRODUCTS - COMP/OP AGG \$<br>D&O Liability \$ 2,000,000 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY   |  |         |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
|          | <b>UMBRELLA LIAB</b><br><b>EXCESS LIAB</b><br>DED RETENTION \$  | <input type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE |         |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | N/A  |         |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |

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

**CERTIFICATE HOLDER****CANCELLATION**

|   |   |
|---|---|
| Vision Community Management<br>a RealManage Company<br>16625 S Desert Foothills Pkwy<br>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.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|---|---|


© 1988-2015 ACORD CORPORATION. All rights reserved.



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
09/30/2025

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.

| <b>PRODUCER</b><br><br>Kevin Cunningham<br> 8601 S Priest Dr, Unit 101<br>Tempe, AZ 85284 |        | <b>CONTACT NAME:</b> Kevin Cunningham<br><b>PHONE (A/C, No, Ext):</b> 480-785-0700<br><b>FAX (A/C, No):</b> 480-785-0740<br><b>E-MAIL ADDRESS:</b> kevin@kevinmcunningham.com<br><b>PRODUCER CUSTOMER ID:</b>  |  |                               |        |  |       |             |  |             |  |             |  |             |  |             |  |
|---|--------|--|--|-------------------------------|--------|--|-------|-------------|--|-------------|--|-------------|--|-------------|--|-------------|--|
| <b>INSURED</b><br><br>Paseo Crossing HOA<br>16625 S Desert Foothills Pkwy<br>Phoenix, AZ 85048  |        | <table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A : State Farm Fire and Casualty Company</td><td>25143</td></tr><tr><td>INSURER B :</td><td></td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></tbody></table> |  | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : State Farm Fire and Casualty Company | 25143 | INSURER B : |  | INSURER C : |  | INSURER D : |  | INSURER E : |  | INSURER F : |  |
| INSURER(S) AFFORDING COVERAGE   | NAIC # |  |  |                               |        |  |       |             |  |             |  |             |  |             |  |             |  |
| INSURER A : State Farm Fire and Casualty Company  | 25143  |  |  |                               |        |  |       |             |  |             |  |             |  |             |  |             |  |
| INSURER B :   |        |  |  |                               |        |  |       |             |  |             |  |             |  |             |  |             |  |
| INSURER C :   |        |  |  |                               |        |  |       |             |  |             |  |             |  |             |  |             |  |
| INSURER D :   |        |  |  |                               |        |  |       |             |  |             |  |             |  |             |  |             |  |
| INSURER E :   |        |  |  |                               |        |  |       |             |  |             |  |             |  |             |  |             |  |
| INSURER F :   |        |  |  |                               |        |  |       |             |  |             |  |             |  |             |  |             |  |

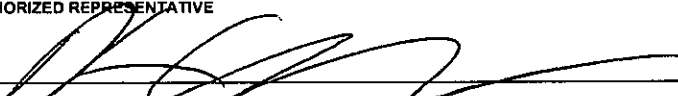
**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Paseo Crossing Gazebo & Play Structure

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  | POLICY NUMBER  | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | COVERED PROPERTY                                     | LIMITS    |
|----------|--|----------------|------------------------------------|-------------------------------------|--|-----------|
| A        | <input checked="" type="checkbox"/> <b>PROPERTY</b>                          | 93-TU-3853-2   | 10/01/2025                         | 10/01/2026                          | <input type="checkbox"/> BUILDING                    | \$        |
|          | <b>CAUSES OF LOSS</b>  |                |                                    |                                     | <input type="checkbox"/> PERSONAL PROPERTY           | \$        |
|          | <input type="checkbox"/> BASIC   |                |                                    |                                     | <input type="checkbox"/> BUSINESS INCOME             | \$        |
|          | <input type="checkbox"/> BROAD   |                |                                    |                                     | <input type="checkbox"/> EXTRA EXPENSE               | \$        |
|          | <input checked="" type="checkbox"/> <b>SPECIAL</b>                           |                |                                    |                                     | <input type="checkbox"/> RENTAL VALUE                | \$        |
|          | <input type="checkbox"/> EARTHQUAKE  |                |                                    |                                     | <input checked="" type="checkbox"/> BLANKET BUILDING | \$ 130000 |
|          | <input type="checkbox"/> WIND  |                |                                    |                                     | <input type="checkbox"/> BLANKET PERS PROP           | \$        |
|          | <input type="checkbox"/> FLOOD   |                |                                    |                                     | <input type="checkbox"/> BLANKET BLDG & PP           | \$        |
|          |  |                |                                    |                                     |  | \$        |
|          |  |                |                                    |                                     |  | \$        |
|          | <input type="checkbox"/> <b>INLAND MARINE</b>                                | TYPE OF POLICY |                                    |                                     |  | \$        |
|          | <b>CAUSES OF LOSS</b>  |                |                                    |                                     |  | \$        |
|          | <input type="checkbox"/> NAMED PERILS  | POLICY NUMBER  |                                    |                                     |  | \$        |
|          |  |                |                                    |                                     |  | \$        |
|          | <input type="checkbox"/> <b>CRIME</b>  |                |                                    |                                     |  | \$        |
|          | <b>TYPE OF POLICY</b>  |                |                                    |                                     |  | \$        |
|          |  |                |                                    |                                     |  | \$        |
|          |  |                |                                    |                                     |  | \$        |
|          | <input type="checkbox"/> <b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b> |                |                                    |                                     |  | \$        |
|          |  |                |                                    |                                     |  | \$        |
|          |  |                |                                    |                                     |  | \$        |
|          |  |                |                                    |                                     |  | \$        |

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

|  |  |
|--|--|
| <b>CERTIFICATE HOLDER</b><br><br>Vision Community Management<br>a RealManage Company<br>16625 S Desert Foothills Pkwy<br>Phoenix, AZ 85048 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|--|--|

© 1995-2015 ACORD CORPORATION. All rights reserved.