

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/8/2025

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).

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PRODUCER Christian Krueger Agency, LLC							CONTACT CHRISTIAN KRUEGER					
1130 N Val Vista Dr Ste 101							PHONE (A/C, No. Ext): 480-607-3010 FAX (A/C, No): 480-607-5871					
Mesa AZ 85213						E-MAIL ADDRESS: ckrueger@farmersagent.com						
							INSURER(S) AFFORDING COVERAGE NAIC #					
							INSURER A: Mid Century Insurance Company					
INSURED PARCEL 19 AND 21 TATUM RANCH						INSURER B:						
		C/O VISION MANAGEMENT	DVV			INSURER C:						
16625 S DESERT FOOTHILLS P PHOENIX AZ 85048				VT		INSURER D :						
						INSURER E :						
						INSURER F :						
CO	VFR	AGES CER	TIFI	CATE	E NUMBER:				REVISION NUMBER:	EVISION NUMBER:		
						VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD					CY 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 TYPE OF MOURANCE				ADDL SUBR INSD WVD POLICY NUMBER			POLICY EFF POLICY EXP (MM/DD/YYYY)			LIMITS		
LIK	COMMERCIAL GENERAL LIABILITY		INSD	WVD	FOLICT NUMBER		(WIWI/DD/TTTT)	(MIM/DD/TTTT)	EACH OCCURRENCE \$ 2,00		0.000	
A	H	CLAIMS-MADE OCCUR	ш						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 75,0			
	Н	CLAIMS-MADE V OCCOR					11/01/2025	11/01/2026	MED EXP (Any one person)	\$ 5,00		
	Н				606632669				PERSONAL & ADV INJURY	\$ 2,00		
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 4,00		
	7	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	·	
	H	OTHER:							PRODUCTS - COMPOPAGG	\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT	MBINED SINGLE LIMIT \$2,000		
A		ANY AUTO		ш					(Ea accident) BODILY INJURY (Per person)	\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Н	OWNED SCHEDULED			606632669		11/01/2025	11/01/2026	BODILY INJURY (Per accident)	\$		
	H	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE	\$		
	H								(Per accident)	\$		
	Н	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	Н	EXCESS LIAB CLAIMS-MADE	_						AGGREGATE	\$		
	Н	DED RETENTION\$							AGGREGATE	\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE				\Box					PER OTH-	Ψ		
				ш					E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)								E.L. DISEASE - EA EMPLOYEE			
If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - POLICY LIMIT \$			
A	_	PLOYEE DISHONESTY	~		606632669		11/01/2025	11/01/2026	\$50,000	\$1,000		
A		SPECIFIED PROPERTY			606632669			11/01/2026	\$65,000 \$2,000,000	\$1,000 \$1,000	DED DED	
Α	I			606632669			11/01/2025	11/01/2026	()			
DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
THIS ASSOCIATION HAS 112 UNITS. COMMON AREA COVERAGE. MANAGEMENT COMPANY LISTED AS ADDITIONAL INSURED ON												
DIRECTORS & OFFICERS, EMPLOYEE DISHONESTY, GENERAL LIABILITY. BUILDING ORDINANCE INCLUDED.												
CF	RTIF	FICATE HOLDER				CANCELLATION						
		COMMUNITY MANAGEMENT										
166	25 S	S DESERT FOOTHILLS PKWY				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
PHOENIX, AZ 85048							THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
						AUTHO	AUTHORIZED REPRESENTATIVE					
							1-1-Ko					

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