



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).

PRODUCER DAN HAKES 2501 N 4th St Ste 3 Flagstaff, AZ 86004 (88-28-34H)	CONTACT NAME:		
	PHONE (A/C, NO., EXT): (928) 226-1611	FAX (A/C, NO.): 928-226-7007	
	E-MAIL ADDRESS: dhakes@farmersagent.com		
	INSURER(S) AFFORDING COVERAGE		
	NAIC #		
INSURED WEST VILLAGE ESTATES HOA 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					
[C]	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	[Y]	[N]	605060451	12/15/2025	12/15/2026	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"/>								\$				
[C]	AUTOMOBILE LIABILITY		[]	[]	605060451	12/15/2025	12/15/2026	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 type="checkbox"/>	HIRED AUTOS ONLY						<input checked="" type="checkbox"/>	NON-OWNED AUTOS ONLY	BODILY INJURY (Per accident)	\$		
	<input type="checkbox"/>	GAR LIAB							PROPERTY DAMAGE (Per accident)	\$			
								GAR AGGREGATE	\$				
[]	<input type="checkbox"/>	UMBRELLA LIAB	<input type="checkbox"/>	OCCUR				EACH OCCURRENCE	\$				
	<input type="checkbox"/>	EXCESS LIAB	<input type="checkbox"/>	CLAIMS-MADE				AGGREGATE	\$				
	<input type="checkbox"/>	DED	<input type="checkbox"/>	RETENTION \$					\$				
[]	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		[]	N/A				<input type="checkbox"/>	PER STATUTE	<input type="checkbox"/>	OTHER	\$	
	<input type="checkbox"/>	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						<input type="checkbox"/>	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)
1255 S MARK LANE, FLAGSTAFF, AZ, 86001

CERTIFICATE HOLDER

CANCELLATION

VISION COMMUNITY MANAGEMENT 16625 S DESERT FOOTHILLS PKWY STE 118 PHOENIX AZ 850488467	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