



CERTIFICATE OF LIABILITY INSURANCE

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

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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	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 #
	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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	605060451	12/15/2025	12/15/2026	EACH OCCURRENCE	\$2,000,000		
	DAMAGE TO RENTED PREMISES (Ea Occurrence)					\$75,000			
	MED EXP (Any one person)					\$5,000			
	PERSONAL & ADV INJURY					\$2,000,000			
	GENERAL AGGREGATE					\$4,000,000			
	PRODUCTS - COMP/OP AGG					\$2,000,000			
GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: <input type="checkbox"/>	\$								
C	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> X NON-OWNED AUTOS ONLY GAR LIAB <input type="checkbox"/>	605060451	12/15/2025	12/15/2026	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000			
	BODILY INJURY (Per person)				\$				
	BODILY INJURY (Per accident)				\$				
	PROPERTY DAMAGE (Per accident)				\$				
	GAR AGGREGATE				\$				
□	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>	□ <input type="checkbox"/>			EACH OCCURRENCE	\$			
	AGGREGATE				\$				
					\$				
□	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/>	Y/N <input type="checkbox"/> N/A <input type="checkbox"/>			PER STATUTE	<input type="checkbox"/>	OTHER	\$	
	E.L. EACH ACCIDENT				\$				
	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