



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/13/2026

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		<b>Kara K. Anspach Insurance Agency, Inc.</b> 10049 E Dynamite Blvd #135 Scottsdale, AZ 85262	<b>CONTACT NAME:</b> Kara K. Anspach <b>PHONE (A/C, No. Ext):</b> (480) 998-8070 <b>FAX (A/C, No):</b> (480) 951-3519 <b>E-MAIL:</b> kara@karains.com <b>ADDRESS:</b>
INSURED		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Truck Insurance Exchange <b>NAIC #</b> <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
INSURED		<b>Garden Lakes Manor Association</b>  <b>C/O Vision Community Management</b> 16625 S Desert Foothills Pkwy Phoenix, AZ 85048	

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	ADDL 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"/> CLAIMS-MADE <input type="checkbox"/> OCCUR    <b>GEN'L AGGREGATE LIMIT APPLIES PER:</b> <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- <input type="checkbox"/> JECT <input type="checkbox"/> LOC  OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>60697 55 18</b>	1/10/2026	1/10/2027	EACH OCCURRENCE	\$ 3,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$ 75,000	
	MED EXP (Any one person)						\$ 5,000	
	PERSONAL & ADV INJURY						\$ Included	
	GENERAL AGGREGATE						\$ 6,000,000	
	PRODUCTS - COMP/OP AGG						\$ 3,000,000	
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>		<b>60697 55 18</b>		1/10/2026      1/10/2027		BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  DED   RETENTION \$							EACH OCCURRENCE	\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / N <input type="checkbox"/>		N / A				PER STATUTE <input type="checkbox"/> <input type="checkbox"/> OTH- E.R. E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	<b>Fidelity Bond</b>	<input checked="" type="checkbox"/>		<b>60697 55 18</b>	01/10/2026	01/10/2027	<b>\$1,000 deduct</b>	<b>\$100,000</b>
A	<b>Directors &amp; Officers</b>	<input checked="" type="checkbox"/>		<b>60697 55 18</b>	01/10/2026	01/10/2027	<b>\$1,000 deduct</b>	<b>\$2,000,000</b>
A	<b>Property</b>	<input checked="" type="checkbox"/>		<b>60697 55 18</b>	01/10/2026	01/10/207	<b>\$1,000 deduct</b>	<b>\$363,500</b>

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

HOA located in Avondale, AZ 85392

Common Areas Only

## CERTIFICATE HOLDER

Garden Lakes Manor Association C/O Vision Community Management as additional insured 16625 S Desert Foothills Parkway Phoenix AZ 85048-847	<b>CANCELLATION</b>  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  Kara K. Anspach
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