



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/12/2026

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		CONTACT NAME: AnnaCatesCSR-anna.jsaunders2@farmersagency.com PHONE (A/C, No. Ext): (928)282-6052 FAX (A/C, No): (928)282-5355 E-MAIL ADDRESS: jsaunders2@farmersagent.com	
JUSTIN SAUNDERS INSURANCE AGENCY LLC 70 Tortilla Dr Sedona, AZ 86336		INSURER(S) AFFORDING COVERAGE	
INSURED		INSURER A: Mid-Century Insurance Company NAIC # 21687	
CLIFFSIDE ESTATES HOA 16625 S DESERT FOOTHILLS PKWY Phoenix, AZ 85048		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
							LIMITS	
A	COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	Y	606257638	2/16/2026	2/16/2027	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	
OTHER:	\$							
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
	BODILY INJURY (Per person)						\$	
	BODILY INJURY (Per accident)						\$	
	PROPERTY DAMAGE (Per accident)						\$	
							\$	
							\$	
	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE	\$
	AGGREGATE						\$	
							\$	
							\$	
							\$	
							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N / A					PER STATUTE	OTHE- R
	E.L. EACH ACCIDENT						\$	
	E.L. DISEASE - EA EMPLOYEE						\$	
	E.L. DISEASE - POLICY LIMIT						\$	
							\$	
							\$	
A	Directors and Officers Lia. Self Insd. Retention \$1000 02/11/2016 retro date			606257638	2/16/2026	2/16/2027	Per Claim Annual Aggregate	2,000,000 2,000,000

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

Planned Unit Development (PUD) Homeowner Association: 1200 N Worthington Pl. Flagstaff, AZ 86001.

Certificate holder is additional insured (property manager)

CERTIFICATE HOLDER		CANCELLATION	
RealManage Family of Brands Vision Community Management 16625 S Desert Parkway 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.	
		AUTHORIZED REPRESENTATIVE 	

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# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

2/12/2026

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY	PHONE (A/C. No. Ext): (928)282-6052	COMPANY
JUSTIN SAUNDERS INSURANCE AGENCY LLC 70 Tortilla Dr Sedona, AZ 86336		Mid-Century Insurance Company
FAX (A/C. No): (928)282-5355	E-MAIL ADDRESS: jsaunders2@farmersagent.com	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #:		
INSURED	LOAN NUMBER	POLICY NUMBER
CLIFFSIDE ESTATES HOA 16625 S DESERT FOOTHILLS PKWY Phoenix, AZ 85048		606257638
	EFFECTIVE DATE 2/16/2026	EXPIRATION DATE 2/16/2027
	<input checked="" type="checkbox"/> CONTINUED UNTIL <input type="checkbox"/> TERMINATED IF CHECKED	
	THIS REPLACES PRIOR EVIDENCE DATED:	

## PROPERTY INFORMATION

## LOCATION/DESCRIPTION

Planned Unit Development (PUD) Homeowner Association

1200 N Worthington Pl

Flagstaff

AZ 86001

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 EVIDENCE OF PROPERTY INSURANCE 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.

## COVERAGE INFORMATION

PERILS INSURED    BASIC    BROAD     SPECIAL    No coverage for individual units

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
<b>Building Ordinance or Law 1 (undamaged part)</b>	<b>included</b>	<b>none</b>
2 (Demolition cost)	25,000	none
3 (Increased cost)	10,000	none
Electronic Data Processing Equip.	5,000	2,500
Outdoor property	2,500	2,500
Outdoor property Trees, Shrubs & Plants (per item)	500	2,500
Specified Property (such as mailboxes, fences)	2,700	2,500
Association fees and Extra Expense	100,000	none
Employee Dishonesty	100,000	500
Outdoor signs with per sign limit of \$1000	2,500	500

## REMARKS (Including Special Conditions)

This is a planned unit development. Unit owners need their own coverage for the building, personal property and personal liability.

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

## ADDITIONAL INTEREST

NAME AND ADDRESS	ADDITIONAL INSURED	LENDER'S LOSS PAYABLE	LOSS PAYEE
Vision Community Management/Real Management LLC 1665 S Desert Foothills Parkway Phoenix, AZ 85048 insurance@wearevision.com	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/>	<input type="checkbox"/>
	LOAN #		
	AUTHORIZED REPRESENTATIVE		
			