



# 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).

<b>PRODUCER</b> <b>JUSTIN SAUNDERS INSURANCE AGENCY LLC</b> 70 Tortilla Dr Sedona, AZ 86336	<b>CONTACT NAME:</b> AnnaCatesCSR-anna.jsaunders2@farmersagency.com <b>PHONE (A/C, No. Ext):</b> (928)282-6052 <b>FAX (A/C, No):</b> (928)282-5355 <b>E-MAIL ADDRESS:</b> jsaunders2@farmersagent.com														
<b>INSURED</b> <b>CLIFFSIDE ESTATES HOA</b> 16625 S DESERT FOOTHILLS PKWAY Phoenix, AZ 85048	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td><b>INSURER A : Mid-Century Insurance Company</b></td><td><b>21687</b></td></tr><tr><td><b>INSURER B :</b></td><td></td></tr><tr><td><b>INSURER C :</b></td><td></td></tr><tr><td><b>INSURER D :</b></td><td></td></tr><tr><td><b>INSURER E :</b></td><td></td></tr><tr><td><b>INSURER F :</b></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A : Mid-Century Insurance Company</b>	<b>21687</b>	<b>INSURER B :</b>		<b>INSURER C :</b>		<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
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**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	606257638	2/16/2026	2/16/2027	EACH OCCURRENCE \$ <b>2,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>75,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>2,000,000</b> GENERAL AGGREGATE \$ <b>4,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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	<b>Per Claim</b> \$ <b>2,000,000</b> <b>Annual Aggregate</b> \$ <b>2,000,000</b>

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

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

## PROPERTY INFORMATION

LOCATION/DESCRIPTION  <b>Planned Unit Development (PUD) Homeowner Association</b> <b>1200 N Worthington PI</b>	<b>Flagstaff</b>	<b>AZ 86001</b>
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
Building Ordinance or Law 1 (undamaged part)	<b>included</b>	<b>none</b>
2 (Demolition cost)	<b>25,000</b>	<b>none</b>
3 (Increased cost)	<b>10,000</b>	<b>none</b>
Electronic Data Processing Equip.	<b>5,000</b>	<b>2,500</b>
Outdoor property	<b>2,500</b>	<b>2,500</b>
Outdoor property Trees, Shrubs & Plants (per item)	<b>500</b>	<b>2,500</b>
Specified Property (such as mailboxes, fences)	<b>2,700</b>	<b>2,500</b>
Association fees and Extra Expense	<b>100,000</b>	<b>none</b>
Employee Dishonesty	<b>100,000</b>	<b>500</b>
Outdoor signs with per sign limit of \$1000	<b>2,500</b>	<b>500</b>

## 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 <b>Vision Community Management/Real Mangement LLC</b> <b>1665 S Desert Foothills Parkway</b> <b>Phoenix, AZ 85048</b> <b>insurance@wearevision.com</b>	ADDITIONAL INSURED MORTGAGEE LOAN #	LENDER'S LOSS PAYABLE LOSS PAYEE
	AUTHORIZED REPRESENTATIVE 	