



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/30/2026

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 Russo and Associates Services Inc. 5777 S Rural Road Suite 6 Tempe AZ 85283	CONTACT NAME: CERT REQUEST TEAM PHONE (A/C, No, Ext): (480) 756-6671 E-MAIL: tempeoffice@brinsured.com ADDRESS: tempeoffice@brinsured.com	FAX (A/C, No):
INSURED Villas Las Palmas HOA 16625 S Desert Foothills Pkwy Phoenix AZ 85048-8470	INSURER(S) AFFORDING COVERAGE INSURER A: PHILADELPHIA IND INS CO INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 18058

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☒ OTHER: D&O Policy # 618860338	Y	Y	PHPK2589802-008	07/14/2026	07/14/2027	EACH OCCURRENCE	\$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$ 100,000	
	MED EXP (Any one person)						\$ 5,000	
	PERSONAL & ADV INJURY						\$ 1,000,000	
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY	Y	Y	PHPK2589802-008	07/14/2026	07/14/2027	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	BODILY INJURY (Per person)						\$	
	BODILY INJURY (Per accident)						\$	
	PROPERTY DAMAGE (Per accident)						\$	
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE	\$
	AGGREGATE						\$	
							\$	
							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE ☐ OTH-ER ☐	
	E.L. EACH ACCIDENT						\$	
	E.L. DISEASE - EA EMPLOYEE						\$	
	E.L. DISEASE - POLICY LIMIT						\$	
A	BLANKET PROPERTY NO RESIDENTIAL STRUCTURES	Y		PHPK2589802-008	07/14/2026	07/14/2027	BLANKET LIMIT DEDUCTIBLE	462,924 2,500

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

175 TOWNHOMES - ***THERE IS NO RESIDENTIAL BUILDING COVERAGE. UNIT OWNERS RESPONSIBLE FOR THE ENTIRETY OF THEIR UNIT.***
BLANKET BUILDING LIMIT \$445,120 - COMMON ELEMENTS ONLY
100% REPLACEMENT COST W/ INFLATION GUARD INCL - COMMON ELEMENTS ONLY
ORDINANCE AND LAW ABC INCL - COMMON ELEMENTS ONLY
GENERAL AGGREGATE \$2,000,000 LIABILITY PER OCCURRENCE (See ACORD 101)

CERTIFICATE HOLDER**CANCELLATION**

REAL MANAGE / VISION COMMUNITY MANAGEMENT

16625 S DESERT FOOTHILLS 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

Kaeley Currier

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

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AGENCY Russo and Associates Services Inc.		NAMED INSURED Villas Las Palmas HOA
POLICY NUMBER PHPK2589802-007		
CARRIER PHILADELPHIA IND INS CO	NAIC CODE 18058	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate Of Liability Insurance

\$1,000,000 FIDELITY/CRIME \$250,000 - PROPERTY MANAGER/BOARD INCL
30 DAY NOTICE OF CANCEL
SEVERABILITY OF INTEREST INCL

CERTIFICATE HOLDER IS NAMED AS ADDITONAL INSURED.