CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 9/11/2026

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 The Arizona Group 1125 East Southern Avenue Suite 101 Mesa AZ 85204	**CONTACT NAME:** Jen Wallerich **PHONE (A/C, No, Ext):** 480-892-8755 **FAX (A/C, No):** 480-892-7625 **E-MAIL ADDRESS:** Jen.Wallerich@arizonagroup.com
	INSURER(S) AFFORDING COVERAGE / **NAIC #** **INSURER A :** ACUITY — 14184 **INSURER B :** Continental Casualty Company — 20443 **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**
INSURED ASPESHA-01 Aspen Shadows Condominium Association c/o Vision Community Management 16625 S Desert Foothills Parkway Phoenix AZ 85048	

COVERAGES **CERTIFICATE NUMBER:** 1562521180 **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	X **COMMERCIAL GENERAL LIABILITY** ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:	Y		ZG7344	10/1/2026	10/1/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000 $ 100,000 $ 5,000 $ $ 4,000,000 $ 4,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) 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 Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ **(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 B	Crime/Fidelity Directors & Officers			ZG7344 618922496	10/1/2026 10/1/2026	10/1/2027 10/1/2027	Limit Deductible Limit	$100,000 $5,000 $2,000,000

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

Additional insured per attached CB-0402 07/13

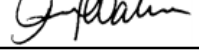
CERTIFICATE HOLDER

Vision Community Management, a RealManage Company
16625 S. Desert Foothills Pkwy
Phoenix AZ 85048

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.

AUTHORIZED REPRESENTATIVE



POLICY NUMBER: ZG7344

ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES

CB-0402(7-13)

This endorsement modifies insurance provided under the following:

BIS-PAK® BUSINESS LIABILITY AND MEDICAL EXPENSES COVERAGE FORM

1. The following is added to Who Is An Insured:

The person(s) or organization(s) shown in the Schedule is also an additional insured, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule.

However:

a. The insurance afforded to such additional insured only applies to the extent permitted by law; and

b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

2. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

a. Any *occurrence* that takes place after you cease to be a tenant in the premises described in the Schedule.

b. Structural alterations, new construction or demolition operations performed by or for the person(s) or organization(s) designated in the Schedule.

3. With respect to the insurance afforded to these additional insureds, the following is added to the Liability And Medical Expenses Limits Of Insurance section:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

a. Required by the contract or agreement; or

b. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

SCHEDULE

Name of Person(s) or Organization(s) (Name and Address)	Designation of Premises (Part Leased to You)
VISION COMMUNITY MANAGEMENT 16625 S DESERT FOOTHILLS PKW PHOENIX AZ 85048	4810, 4814 & 4820 W BRAIDED REIN FLAGSTAFF AZ 86005
VISION COMMUNITY MANAGEMENT 16625 S DESERT FOOTHILLS PKW PHOENIX AZ 85048	4750, 4754 & 4760 W BRAIDED REIN FLAGSTAFF AZ 86005
VISION COMMUNITY MANAGEMENT 16625 S DESERT FOOTHILLS PKW PHOENIX AZ 85048	4770, 4774 & 4780 W BRAIDED REIN FLAGSTAFF AZ 86005
VISION COMMUNITY MANAGEMENT 16625 S DESERT FOOTHILLS PKW PHOENIX AZ 85048	3800, 3810 & 3814 S BRUSH ARBOR FLAGSTAFF AZ 86005
VISION COMMUNITY MANAGEMENT 16625 S DESERT FOOTHILLS PKW PHOENIX AZ 85048	3860, 3864 & 3870 S BRUSH ARBOR FLAGSTAFF AZ 86005
VISION COMMUNITY MANAGEMENT 16625 S DESERT FOOTHILLS PKW PHOENIX AZ 85048	3885, 3889 & 3895 S BRUSH ARBOR FLAGSTAFF AZ 86005
VISION COMMUNITY MANAGEMENT 16625 S DESERT FOOTHILLS PKW PHOENIX AZ 85048	3865, 3879 & 3875 S BRUSH ARBOR FLAGSTAFF AZ 86005
VISION COMMUNITY MANAGEMENT 16625 S DESERT FOOTHILLS PKW PHOENIX AZ 85048	3785, 3795 & 3799 S BRUSH ARBOR FLAGSTAFF AZ 86005

Name of Person(s) or Organization(s) (Name and Address)	Designation of Premises (Part Leased to You)
VISION COMMUNITY MANAGEMENT 16625 S DESERT FOOTHILLS PKW PHOENIX AZ 85048	3765, 3775 & 3779 S BRUSH ARBOR FLAGSTAFF AZ 86005
VISION COMMUNITY MANAGEMENT 16625 S DESERT FOOTHILLS PKW PHOENIX AZ 85048	4890, 4900 & 4894 W QUICK DRAW FLAGSTAFF AZ 86005
VISION COMMUNITY MANAGEMENT 16625 S DESERT FOOTHILLS PKW PHOENIX AZ 85048	4860, 4864 & 4870 W QUICK DRAW FLAGSTAFF AZ 86005
VISION COMMUNITY MANAGEMENT 16625 S DESERT FOOTHILLS PKW PHOENIX AZ 85048	4810, 4814 & 4820 W QUICK DRAW FLAGSTAFF AZ 86005
VISION COMMUNITY MANAGEMENT 16625 S DESERT FOOTHILLS PKW PHOENIX AZ 85048	4770, 4774 & 4780 W QUICK DRAW FLAGSTAFF AZ 86005
VISION COMMUNITY MANAGEMENT 16625 S DESERT FOOTHILLS PKW PHOENIX AZ 85048	4735, 4739 & 4745 W QUICK DRAW FLAGSTAFF AZ 86005
VISION COMMUNITY MANAGEMENT 16625 S DESERT FOOTHILLS PKW PHOENIX AZ 85048	4755, 4765 & 4759 W QUICK DRAW FLAGSTAFF AZ 86005
VISION COMMUNITY MANAGEMENT 16625 S DESERT FOOTHILLS PKW PHOENIX AZ 85048	3784, 3780 & 3790 S LEATHER VEST FLAGSTAFF AZ 86005
VISION COMMUNITY MANAGEMENT 16625 S DESERT FOOTHILLS PKW PHOENIX AZ 85048	3850, 3854 & 3860 S LEATHER VEST FLAGSTAFF AZ 86005
VISION COMMUNITY MANAGEMENT 16625 S DESERT FOOTHILLS PKW PHOENIX AZ 85048	4790, 4800, 4804 W BRAIDED REIN FLAGSTAFF AZ 86005