CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 09/21/2026

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.

PRODUCER

StateFarm

Roger Morsch
1820 E Ray Rd Ste A108D

Chandler, AZ 85225-8720

CONTACT NAME: Roger Morsch
PHONE (A/C, No, Ext): (480) 855-4632 **FAX (AC, NO):** ()
E-MAIL ADDRESS: roger.morsch.lr7k@statefarm.com
PRODUCER CUSTOMER ID

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : State Farm Fire and Casualty Company	25143
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

PASEO TRAIL PARCEL D
C/O VISION COMMUNITY 16625 S DESERT FOOTHILLS PKWY

PHOENIX, AZ 85048-8470

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

REFER TO ACORD 101.

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	[X] **PROPERTY** CAUSES OF LOSS / DEDUCTIBLES [ ] BASIC — BUILDING $1,000.00 [ ] BROAD — CONTENTS [X] SPECIAL [ ] EARTHQUAKE [ ] WIND [ ] FLOOD	93-GK-9921-3	09/01/2026	09/01/2027	[X] BUILDING [ ] PERSONAL PROPERTY [ ] BUSINESS INCOME [ ] EXTRA EXPENSE [ ] RENTAL VALUE [ ] BLANKET BUILDING [ ] BLANKET PERS PROP [ ] BLANKET BLDG & PP	$ $531,600 $ $ SEE ACORD 101 $ SEE ACORD 101 $ SEE ACORD 101 $ $ $
	[ ] **INLAND MARINE** CAUSES OF LOSS [ ] NAMED PERILS	TYPE OF POLICY POLICY NUMBER				$ $ $ $
	[ ] **CRIME** TYPE OF POLICY					$ $ $
	[X] **BOILER & MACHINERY / EQUIPMENT BREAKDOWN**					$ $
						$ $

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

REFER TO ACORD 101.

CERTIFICATE HOLDER

VISION COMMUNITY MANAGEMENT
16625 S Dst Fthl Pkwy Ste 118

Phoenix, AZ 85048-8467

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

IF SIGNATURE IS REQUIRED, PLEASE CONTACT AGENT.

AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
Roger Morsch		PASEO TRAIL PARCEL D
POLICY NUMBER		
93-GK-9921-3		
CARRIER	NAIC CODE	
State Farm Fire and Casualty Company	25143	EFFECTIVE DATE: 09/01/2026

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: 24 **FORM TITLE:** Certificate of Property Insurance

Unit Owner:

PASEO TRAIL PARCEL D C/O VISION COMMUNITY - 16625 S Desert Foothills Pkwy - Phoenix, - AZ - 85048-8470 - Unit Loan Number:93-GK-9921-3 - Number Of Units: 0136

Association Type: Residential Community Association Policy

Forms, Options and Endorsements:

CMP-4100	Businessowners Coverage Form
CMP-4203.4	Amendatory Endorsement
CMP-4550	Residential Community Assoc
CMP-4508	Money and Securities
FE-3650	Actual Cash Value Endorsement
CMP-4532	Exclusion Cyber Incident

Forms, Options and Endorsements:

CMP-4814	Dir & Officers $2,000,000
FE-6999.3	Terrorism Insurance Cov Notice
CMP-4710	Emp Dishonesty $25,000
CMP-4705.2	Loss of Income & Extra Expense
CMP-4573.2	Policy Endorsement

Coverages:

Business Liability	$2,000,000
Medical Payments	$5,000
Products-Completed Operations	$4,000,000
General Aggregate	$4,000,000

Coverage

Unless otherwise endorsed, this policy provides replacement cost coverage on described property and common areas detailed within the Association Covenants, Conditions, and Restrictions (CC&Rs) including the following types of property within a unit, regardless of ownership:

1. Fixtures, improvements and alterations that are a part of the building or structure; and
2. Appliances such as those used for refrigerating, ventilating, cooking, dishwashing, laundering, security or housekeeping.

Replacement cost coverage is subject to the terms and conditions of the policy and any endorsements.

Coverage under this policy may have been modified to provide actual cash value coverage rather than replacement cost coverage, or to remove specified property from coverage, if any endorsement containing in its title “ACV” or “Actual Cash Value,” or “Additional Property Not Covered” is identified on this Certificate of Insurance.

Endorsements: FE-3650, FE-3653, FE-3658, and FE-3659 (Actual Cash Value) - These endorsements describe what the term "actual cash value" means where used in the policy. ***However, these endorsements do not change any replacement cost coverage provided by the policy.***

This policy provides coverage on a standalone/individual condominium association.

Commercial General Liability

State Farm refers to this coverage as Business Liability Coverage. Coverage amount shown is Per Occurrence.

Loss of Rents, Loss of Income and Extra Expense

If this coverage is shown, limits are “Actual Loss Sustained”. Contact the agent to confirm the number of day's coverage.