



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/14/2020

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: Annette Wilt	
Neate Dupey Insurance Group		PHONE (A/C, No, Ext): (480) 391-3000	FAX (A/C, No): (480) 391-3456
7400 E Pinnacle Peak Rd. #204		E-MAIL ADDRESS: Annette@neatedupey.com	
Scottsdale AZ 85255		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Hartford Underwriters Ins Co	NAIC # 30104
INSURED		INSURER B: Great American	
Desert Foothills Office Condominium LLC		INSURER C:	
16625 S Desert Foothills Pkwy		INSURER D:	
Phoenix AZ 85048		INSURER E:	
		INSURER F:	

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"/> COMMERCIAL GENERAL LIABILITY	Y		59SBAAF8B9L	05/17/2020	05/17/2021	EACH OCCURRENCE	\$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 4,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 4,000,000
	OTHER:							\$
A	AUTOMOBILE LIABILITY	Y		59SBAAF8B9L	05/17/2020	05/17/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR	Y		UM30192608	05/17/2020	05/17/2021	EACH OCCURRENCE	\$ 2,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 2,000,000
	DED RETENTION \$							\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTHER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A							E.L. EACH ACCIDENT	\$
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B	Directors & Officers			EPPE456712	05/17/2020	05/17/2021	Limit	\$1,000,000
							Deductible	\$1,000

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

3 Building Office Condominium Association Policy, Master policy covers the Office Condo Buildings located at 1345 E Chandler Blvd, Phoenix, AZ 85048 (Shell Only Coverage - Tenants are responsible for interior per bylaws) Building Limit \$3,829,600, subject to \$2,500 deductible. Coverage subject to policy forms, terms and conditions. Vision Community Management are included as additional insured as required by written contract.

CERTIFICATE HOLDER **CANCELLATION**

Vision Community Management	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
16625 S DESERT FOOTHILLS PKWY	
PHOENIX AZ 85048	AUTHORIZED REPRESENTATIVE
	Annette Wilt

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Desert Foothills Office Condominium master insurance policy coverage.

Key information regarding the Associations insurance policy

The Hartford Insurance Company is the company of record for the master insurance policy.

PROPERTY The Association has a shell only coverage policy, meaning: Unit owners are responsible for their own interior coverage including finishing's, betterments, and improvements.
Replacement cost coverage applies policy written as per CCR requirements.
LIABILITY insurance; \$2,000,000 with Hartford Insurance.
DIRECTORS & OFFICERS coverage; \$1,000,000 with Great American Insurance.
UMBRELLA coverage \$2,000,000 with Great American Insurance.
FIDELITY BOND; \$50,000 with The Hartford Insurance.

The master insurance policy property deductible is \$2,500.00
CLAIMS MUST BE FILED THROUGH THE PROPERTY
MANAGEMENT COMPANY.

Unit owner's insurance needs.

Note: Unit owner's personal property, betterments, improvements, and personal liability within the unit is not covered under the master policy.

You need a Condominium owner's policy to cover your personal property, furniture, upgraded betterments and improvements, and personal liability.

To request an evidence of insurance for a lender please email request to:
clientservices@neatedupey.com /or Annette@neatedupey.com

Note: this is intended to provide a summary of insurance. This is not a policy. In all cases the declarations, terms, conditions, and exclusions of the actual policy will apply