Client#: 1183607 COPPEEST

$ACORD_{ii}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/23/2017

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 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).

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PRODUCER	CONTACT Amy Boyer				
USI Insurance Services LLC	PHONE (A/C, No, Ext): 855 874-1450 FAX (A/C, No): 8	355 874-1397			
2375 E. Camelback Road, Suite 250	E-MAIL ADDRESS: amy.boyer@usi.com				
Phoenix, AZ 85016	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Owners Insurance Company	32700			
INSURED	INSURER B: Carolina Casualty Insurance Com	10510			
Copperfield Estates HOA	INSURER C:				
c/o Vision Community Mgmt 16625 S Desert	INSURER D:				
Foothills Pkwy	INSURER E:				
Phoenix, AZ 85048	INSURER F:				

COVERAGES CER	RTIFICATE 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.

	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
X	COMMERCIAL GENERAL LIABILITY			4576110417	03/31/2017	03/31/2018		\$2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$2,000,000
GEN							GENERAL AGGREGATE	\$3,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$3,000,000
	OTHER:							\$
AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	AUTOS AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
	EMPLOYEDELLIADILITY						PER OTH- STATUTE ER	
ANY	PROPRIETOR/PARTNER/EXECUTIVE T / N	Ν/Δ					E.L. EACH ACCIDENT	\$
(Mai	ndatory in NH)	,					E.L. DISEASE - EA EMPLOYEE	\$
DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
Dir	ectors &			1543935	03/31/2017	03/31/2018	1,000,000	
Off	icers							
	WOI AND AND If yee	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- POLICY PRO- OTHER: ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND PROPEITOR/PRATINER/EXECUTIVE	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Directors &	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROPOLICY JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Directors &	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Directors & 4576110417 4576110417 4576110417	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Directors & 4576110417 03/31/2017	TYPE OF INSURANCE INSURANC	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR COMBINED SPROL PROPICTY JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS WORKERS COMPENSATION AND EMPLOYER'S LIABILITY WORKERS COMPENSATION AND EMPLOYER'S LIABILITY N/A WORKERS COMPENSATION AND PROPRIETOR-PARTNER/EXECUTIVE OF PICEN/MEMBER EXCLUDED? WORKERS COMPENSATION AND PROPRIETOR-PARTNER/EXECUTIVE OF PICEN/MEMBER EXCLUDED? WORKERS COMPENSATION BOOK N/A STATUTE ERR E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT ELL DISEASE - POLICY LIMIT ELL DISEASE - POLICY LIMIT Directors & 1543935 03/31/2017 03/31/2018 EACH OCCURRENCE PROMAGE TO RENTED MED EXP (Any one person) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMPIOP AGG OTHER COMBINED SINULE LIMIT (Fa accident) BODILY INJURY (Per person) BODILY INJURY (Per person) BODILY INJURY (Per person) BODILY INJURY (Per person) EACH OCCURRENCE AGGREGATE OTH- STATUTE E.L. EACH ACCIDENT E.L. DISEASE - POLICY LIMIT E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The general liability policy includes an automatic Additional Insured endorsement that provides Additional
Insured status to Vision Community Management only when there is a written contract requiring such status, and only with regard to work performed on behalf of the named insured.

CERTIFICATE HOLDER	CANCELLATION

Vision Community Management 16625 S. Desert Foothills Pkwy 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

Betlang Rosig

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