Policy Number: 606672200 Date Entered: 6/15/2017

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/15/2017

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 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 Cox Insurance Services 9316 E. Raintree Dr. Suite 120 Scottsdale, AZ 85260	**CONTACT NAME:** Suzanne Hunt **PHONE (A/C, No, Ext):** (480)907-6000 **FAX (A/C, No):** (480)664-8275 **E-MAIL ADDRESS:** service@coxinsurance.net
INSURED Villa De Cortez Homeowners Assoc. c/o Vision Community Management 16625 S Desert Foothills Pkwy Phoenix, AZ 85048	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Mid-Century Insurance Company — 21687 **INSURER B :** **INSURER C :** **INSURER D :** **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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR	[X]	[ ]	606672200	06/22/2017	06/22/2018	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 75,000
A	[X] DIRECTORS & OFFICERS						MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [X] LOC						GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:						D&O	$ 1,000,000
A	AUTOMOBILE LIABILITY [ ] ANY AUTO			606672200	06/22/2017	06/22/2018	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY (Per person)	$
	[X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	[ ] DED [ ] RETENTION $							$
	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	EMPLOYEE DISHONESTY/ CRIME/FIDELITY			606672200	06/22/2017	06/22/2018	LESS $500 DED	$50,000

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

LOCATION: 6519 N 12TH PL PHOENIX, AZ 85014

VISION COMMUNITY MANAGEMENT IS LISTED AS AN ADDITIONAL INSURED WITH RESPECT TO THE GENERAL LIABILITY AND EMPLOYEE DISHONESTY/CRIME/FIDELITY COVERAGE AS PER ATTACHED ENDORSEMENT(S)

CERTIFICATE HOLDER VISION COMMUNITY MANAGEMENT 16625 S DESERT FOOTHILLS PKWY PHOENIX, AZ 85048 RSALAZAR@WEAREVISION.COM	**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** SUZANNE HUNT

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

CONDOMINIUM POLICY

SCHEDULE*

Name Of Person Or Organization: Vision Community Management
*Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.

The following is added to Paragraph **C. Who Is An Insured** in the **Condominium Liability Coverage Form:**

6. Any person or organization shown in the Schedule is also an insured, but only with respect to liability arising out of your ongoing operations or premises owned by or rented to you.

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Policy Number: 606672200

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 6/15/2017

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY	PHONE (A/C, No, Ext): (480)907-6000
Cox Insurance Services 9316 E. Raintree Dr. Suite 120 Scottsdale, AZ 85260	
FAX (A/C, No): (480)664-8275	E-MAIL ADDRESS: service@coxinsurance.net
CODE:	SUB CODE:
AGENCY CUSTOMER ID #:	

COMPANY
Mid-Century Insurance Company
4680 WILSHIRE BLVD
LOS ANGELES, CA 90010

INSURED
Villa De Cortez Homeowners Assoc.
c/o Vision Community Management
16625 S Desert Foothills Pkwy
Phoenix, AZ 85048

LOAN NUMBER	POLICY NUMBER
	606672200

EFFECTIVE DATE	EXPIRATION DATE	CONTINUED UNTIL TERMINATED IF CHECKED
06/22/2017	06/22/2018	☐

THIS REPLACES PRIOR EVIDENCE DATED:

PROPERTY INFORMATION

LOCATION/DESCRIPTION
6519 N 12 PL PHOENIX, AZ 85014

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

PERILS INSURED ☐ BASIC ☐ BROAD ☒ SPECIAL ☐

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
BLANKET BUILDING COVERAGE 125% EXTENDED REPLACEMENT COST COVERAGE	$3,680,573	$5000
BUILDING ORDINANCE OR LAW 1	INCLUDED	NONE
BUILDING ORDINANCE OR LAW 2	$25,000	NONE
BUILDING ORDINANCE OR LAW 3	$10,000	NONE
EMPLOYEE DISHONESTY/CRIME/FIDELITY COVERAGE	$50,000	$500
UNIT OWNERS COVERAGE	INCLUDED	
GENERAL LIABILITY PER OCCURRENCE	$1,000,000	NONE
DIRECTORS AND OFFICER LIABILITY	$1,000,000	$500
HIRED AND NON-OWNED AUTO LIABILITY	$1,000,000	NONE
BACK UP OF SEWER OR DRAIN COVERAGE	$50,000	$5000

REMARKS (Including Special Conditions)

PROPERTY MANAGER IS INCLUDED AS ADDITIONAL INSURED UNDER EMPLOYEE DISHONESTY/CRIME/ FIDELITY COVERAGE AS PER ENDORSEMENT J6350

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.

ADDITIONAL INTEREST

NAME AND ADDRESS

☐ ADDITIONAL INSURED ☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE
☐ MORTGAGEE ☐

LOAN #

AUTHORIZED REPRESENTATIVE
☒

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