

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/24/2022

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).

	is certificate does not confer rights to				uch end	dorsement(s)		equire an endorsement	. A St	atement on	
PRODUCER LaBarre/Oksnee Insurance 30 Enterprise, Suite 180					CONTACT NAME:						
					PHONE (A/C, No, Ext): 800-698-0711 FAX (A/C, No): 949-588-1275						
Aliso Viejo CA 92656					E-MAIL ADDRESS: proof@hoa-insurance.com						
						INS	URER(S) AFFOR	DING COVERAGE		NAIC#	
						INSURER A: American Family Home Insurance					
INSURED MISSTER-04					INSURER B:						
Missouri Terrace HOA c/o Vision Community Mgmt					INSURER C:						
16625 S. Desert Foothills Pkwy					INSURER D:						
Phoenix Δ7 85048-0027					INSURER E :						
						INSURER F:					
СО	VERAGES CER	TIFIC	CATE	NUMBER: 719370647		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	TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER				POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	X COMMERCIAL GENERAL LIABILITY	Υ		CAU401121-4		3/1/2022	3/1/2023	EACH OCCURRENCE	\$ 1,000	,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000	,000	
								MED EXP (Any one person)	\$ 5,000)	
								PERSONAL & ADV INJURY	\$ 1,000	,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ Unlim	nited	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 1,000	,000	
	OTHER:								\$		
Α	AUTOMOBILE LIABILITY			CAU401121-4		3/1/2022	3/1/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	,000	
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONET							(i di dooident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$								\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER	,		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	Property			CAU401121-4		3/1/2022	3/1/2023	\$1,000 Deductible	\$40,6		
A A	Crime/Fidelity Bond Directors & Officers	Y		CAU401121-4 CAU401121-4		3/1/2022 3/1/2022	3/1/2023 3/1/2023	\$0 Deductible \$0 Deductible	\$150 \$1.00	,000 0,000	
				0A0401121-4		3/1/2022	3/1/2023		.,	-,	
	L CRIPTION OF OPERATIONS / LOCATIONS / VEHICL							ed)			
Ма	nagement Company is Additionally Insui	red o	n the	General Liability, D&O Lia	bility, a	nd Fidelity/Cri	me.				
НО	A consists of 39 units. Located in Gleno	lale.	AZ. C	Coverage is for COMMON A	AREAS	ONLY.					
C	said Farms with 1000/ Oversateed Banks			ant Divilation Ondinance on	C			anation of Incomeda No. C.			
Pro	ecial Form with 100% Guaranteed Repla perty Limit of \$20,000 for Trees/Shrubs.	Win	d/Hai	l (excludes Trees/Shrubs)	Law. So	everability of i	nterest / Sep	aration of insureds. No Co	o-insur	ance.	
D&	O is a Claims-Made Policy										
CERTIFICATE HOLDER CANCELLATION											
Vision Community Management, LLC 16625 S. Desert Foothills Pkwy.						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Phoenix AZ 85048					AUTHORIZED REPRESENTATIVE						
	USA										