



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/09/2022

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).

<b>PRODUCER</b> The Krueger Insurance Agency 1130 North Val Vista Drive Suite 101 Mesa AZ 85213	<b>CONTACT NAME:</b> Christian Krueger <b>PHONE (A/C, No. Ext):</b> 480-607-3010 <b>FAX (A/C, No):</b> 480-607-5871 <b>E-MAIL ADDRESS:</b> ckruieger@farmersagent.com
<b>INSURED</b> Casa Requena I HOA C/O Vision Community Mgmt 16625 South Desert Foothills Pkwy Phoenix AZ 85048	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Mid-Century Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
	<b>NAIC #</b> 21687

**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	605477344	08/05/2022	08/05/2023	EACH OCCURRENCE \$ <b>2,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>75,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>2,000,000</b> GENERAL AGGREGATE \$ <b>4,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	605477344	08/05/2022	08/05/2023	COMBINED SINGLE LIMIT (Ea accident) \$ <b>2,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / N <input type="checkbox"/> N / A	<input type="checkbox"/>				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>Building Coverage</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	605477344	08/05/2022	08/05/2023	10,000 DED \$6,805,101
A	<b>Employee Dishonesty</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	605477344	08/05/2022	08/05/2023	2,500 DED \$150,000
A	<b>Directors &amp; Officers</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	605477344	08/05/2022	08/05/2023	1,000 DED \$1,000,000

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

Certificate Holder is named as additional insured for general liability, employee dishonesty, D&O Coverage. Guaranteed Replacement Coverage. 54 Unit policy includes coverage for interior & exterior building. Betterment's & Improvements included. Building Ordinance And Mechanical Breakdown Included

**CERTIFICATE HOLDER**

Casa Requena I HOA  
C/O Vision Community Mgmt  
16625 South Desert Foothills Pkwy  
Phoenix AZ 85048

**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

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**Subject: Casa Requena I HOA**

Farmers Insurance Company is the company of record for the Master Insurance policy. This is an all-inclusive replacement cost policy which pays for direct physical loss to all buildings and structures at the described premises. Coverage is extended to items such as carpet, flooring, cabinetry, plumbing, and electrical fixtures, wall paper, and paneling.

The master policy deductible for each occurrence is \$10,000

**CLAIMS MUST BE FILED THROUGH THE PROPERTY MANAGEMENT COMPANY.**

Note: Unit Owner's personal property and personal liability within the unit are not covered under the master insurance policy. For those who rent out their unit, the master policy does not provide coverage for property within the units. There is no coverage for loss of renters, personal or landlord liability. Please call our agency if you need a Condo Owner or Condo Rented to others policy.

If you don't have an agent, and would like a no obligation quote, or have any questions, please feel free to reach out to us at our office at 480-607-3010.

Thank you for your business.

Sincerely,

A handwritten signature in blue ink, appearing to read "Christian Krueger".

Christian Krueger  
The Christian Krueger Agency  
<https://agents.farmers.com/az/mesa/christian-krueger>

**This is a general description of coverage and not a policy contract**