



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/20/2022

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>  Tres LaChance(8806L4V) 24654 N Lake Pleasant Pkwy Ste 104  Peoria AZ 85383-1359	<b>CONTACT NAME:</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>PHONE</b> (A/C, NO, EXT): 623-745-4500</td> <td style="width: 50%;"><b>FAX</b> (A/C, NO): 623-321-8186</td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b> tlachance@farmersagent.com</td> </tr> </table>	<b>PHONE</b> (A/C, NO, EXT): 623-745-4500	<b>FAX</b> (A/C, NO): 623-321-8186	<b>E-MAIL ADDRESS:</b> tlachance@farmersagent.com									
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<b>E-MAIL ADDRESS:</b> tlachance@farmersagent.com													
<b>INSURED</b>  THE BROWNSTONES AT TEMPE C/O VISION COMMUNITY MGMT. 16625 S DESERT FOOTHILLS PKWY PHOENIX AZ 85048	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>INSURER A:</b> Truck Insurance Exchange</td> <td style="width: 20%; text-align: center;">21709</td> </tr> <tr> <td><b>INSURER B:</b> Farmers Insurance Exchange</td> <td style="text-align: center;">21652</td> </tr> <tr> <td><b>INSURER C:</b> Mid Century Insurance Company</td> <td style="text-align: center;">21687</td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	<b>INSURER A:</b> Truck Insurance Exchange	21709	<b>INSURER B:</b> Farmers Insurance Exchange	21652	<b>INSURER C:</b> Mid Century Insurance Company	21687	<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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	ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
C	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> CLAIMS-MADE</td> <td><input checked="" type="checkbox"/> OCCUR</td> </tr> </table>	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR			606761317	09/19/2022	09/19/2023	EACH OCCURRENCE \$ 2,000,000		
	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR									
				DAMAGE TO RENTED PREMISES (Ea Occurrence) \$ 75,000							
				MED EXP (Any one person) \$ 5,000							
				PERSONAL & ADV INJURY \$ 2,000,000							
				GENERAL AGGREGATE \$ 4,000,000							
				PRODUCTS - COMP/OP AGG \$ 2,000,000							
			\$								
C	<b>AUTOMOBILE LIABILITY</b> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY</td> <td><input type="checkbox"/> SCHEDULED AUTOS</td> </tr> <tr> <td><input checked="" type="checkbox"/> HIRED AUTOS ONLY</td> <td><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY</td> </tr> </table>	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			606761317	09/19/2022	09/19/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS									
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY									
				BODILY INJURY (Per person) \$							
				BODILY INJURY (Per accident) \$							
			PROPERTY DAMAGE (Per accident) \$								
			\$								
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$				
							AGGREGATE \$				
							\$				
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE \$				
							OTHER \$				
							E.L. EACH ACCIDENT \$				
							E.L. DISEASE - EA EMPLOYEE \$				
							E.L. DISEASE - POLICY LIMIT \$				

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

**\*\*LIABILITY ONLY\*\*** Liability for common areas only. No building coverage for Unit Owners.

<b>CERTIFICATE HOLDER</b>  Vision Community Management 16625 S Desert Foothills Pkwy Phoenix, AZ 85048	<b>CANCELLATION</b>  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 TRES LACHANCE
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