

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/14/2022

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 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).

CE	ertificate holder in lieu of such endors	eme	nt(s)							
PROI	DUCER J CLARK SANCHEZ				CONTA NAME:	<sup>СТ</sup> MARGARI	TA A SANDE	RS		
	STATE FARM INSURANCE	:F			PHONE (A/C, No	o. Ext): 602-277	7-2655 EXT 2	207 FAX (A/C, No	o): 602-24	1-0702
	1555 E GI ENDAI E AVE	_			E-MAIL ADDRE	ss: MARGAR	ITA@CLARK	SANCHEZ.COM		
STA	PHOENIX AZ 85020					INS	URER(S) AFFOR	RDING COVERAGE		NAIC #
ı.N.	PHOENIX AZ 05020				INSURE	R A : State Far	m Fire and Ca	sualty Company		25143
INSU	RED SINGLETREE RANCH H	ON	IEOV	VNERS	INSURE	R B :				
	ASSOCIATION C/O VISI	ON	1AM	NAGEMENT	INSURE	RC:				
	16625 S DESERT FOOT				INSURE	R D :				
	PHOENIX AZ 85048			10001	INSURE	RE:				
_	FIIOLNIX AZ 03040				INSURE	RF:				
CO	VERAGES CER	ΓIFI	CATE	NUMBER:				REVISION NUMBER:		
IN Ce	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY FECULIONS OF SUCH F	QUIR PER POLI	EMEN ΓΑΙΝ, CIES.	IT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER S DESCRIBE	DOCUMENT WITH RES D HEREIN IS SUBJECT	PECT TO	WHICH THIS
INSR LTR			SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	/ITS	
Α	GENERAL LIABILITY	Υ		93-27-0056-5F		10/26/2022	10/26/2023	EACH OCCURRENCE	\$	1,000,000
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	5,000
	X							PERSONAL & ADV INJURY	\$	
								GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AG	G \$	2,000,000
	X POLICY PRO- JECT LOC							D & O LIABILITY	\$	1,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person	) \$	
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accider	nt) \$	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$							WC STATU- OT	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							TORY LIMITS EI		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under		Ш					E.L. DISEASE - EA EMPLOY	<u> </u>	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMI	T   \$	
Α	BUILDING			93-27-0056-5F		10/26/2022	10/26/2023	\$159,800		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	EQ /	Attack	ACORD 101 Additional Remarks	Schodula	if more anges !-	roquirod\			
					Scriedule	, il lilore space is	requireu)			
PRC	DPERTY LOCATION: 10021 N 55TH PL	SCC	OTTSI	DALE AZ 85253						
тот	AL UNITS 40									
	S IS COMMOM AREAS POLICY - INSUI	RFS	AII (	COMMON ELEMENTS OF	THE A	SSOCIATION	N SUCH AS F	REC BUILDINGS AND I	PERIME1	TER WALLS
	UNITOWNERS MUST OBTAIN A HOM									
CEF	RTIFICATE HOLDER				CANO	ELLATION				
IN	FORMATION ONLY				THE	EXPIRATION	N DATE TH	DESCRIBED POLICIES BI EREOF, NOTICE WILL LY PROVISIONS.		
					AUTHO	RIZED REPRESE	NTATIVE			



Total Premium:

Telephone: (866) 737-6877 Facsimile: (847) 572-6262

## **BINDER OF INSURANCE**

Page: 1

PER THE TERMS O	F THIS DOCUMENT - COVERAGE	IS IN FORCE AND PR	EMIUM IS BEING EARNED
1555 E Gle Phoenix, A	ANCHEZ STATE FARM AGEN Indale Ave Z 85020-5400		
Producer Code #: 031533	Producer Fa	csimile: (602) 241-07	702
	to the following terms and condit		
2. Parent Organization:	Singletree Ranch Homeowner c/o Vision Community Manage 16625 S. Desert Foothills Pwk Phoenix, AZ 85048	ment	
Client Code #:	139134		
	binder expires automatically on cialty Products or unless superce		ss extended in writing by State Farm Renewal Declarations.
Binder Effective Date: 12:01 A.M. st	July 9, 2022 Bir andard time at the address of the	nder Expiration Date: le <b>Parent Organizati</b> on	
	Policy or Renewal Declaration ded all conditions of this binder		incorporate the following provisions,
Policy #: PS0000001362	2515		
Policy Period: From: 12:01 A.M. s Insurer: Program: Coverage Type:	July 9, 2022 standard time at the address of t State Farm Fire and Casualty C Condominium & Homeowners I Claims – Made	Company D&O Liability Insuranc	on as shown above.
Limit of In the Aç	gregate		Retention Each Claim
\$1,00	0,000		\$1,000
5. Premium Payment & Ter Premium Payment Plan: Policy Period Premium:	ms: (Invoice to Follow Under Se Annually \$945.00		

\$945.00



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## BINDER OF INSURANCE

Page: 2

PSCHO1001(04/11)	Condominium And Homeowner Association Liability Policy Including Employment Practices Liability Coverage
PS1039-01(01/15)	Certified Acts of Terrorism Endorsement
PS1041 (01/15)	Policyholder Disclosure Notice of Terrorism Insurance Coverage
PS1044 (02/21)	U.S. Treasury Department's Office Of Foreign Assets Control ("OFAC") Advisory Notice To Policyholders
PS1045 (02/21)	Trade Or Economic Sanctions
PSCHO1026AZ(04/11)	Arizona Amendatory Endorsement
PSCHO1031(04/11)	Property Manager Endorsement

## 8. Subjectivities:

Subject to our receipt & approval of the following requirements:

Not Applicable

This binder requires payment of premium to State Farm Specialty Products, at the location listed on the invoice, on the premium due date shown in the invoice. This binder may be cancelled if payment is not received by the premium due date on the invoice.

In the event of cancellation or expiration of this binder without a Policy or Renewal Declarations Page being issued, the Insurer shall be entitled to an earned premium for the time in force as calculated by the Insurer in accordance with the provisions of the applicable specimen policy or expiring policy.

Date of Issue: June 21, 2022

Authorized Representati