NSMITH

ACORD\*

## CERTIFICATE OF LIABILITY INSURANCE

3/18/2022

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).

PRODUCER	CONTACT NAME:			
The Mahoney Group - Phoenix 20333 North 19th Avenue, Suite 200	PHONE (A/C, No, Ext): (623) 215-1300 FAX (A/C, No): (62			
Phoenix, AZ 85027	E-MAIL ADDRESS:			
	INSURER(S) AFFORDING COVERAGE			
	INSURER A: Cincinnati Insurance Company			
INSURED	INSURER B: Fireman's Fund Insurance Comp			
Vistoso Community Association	INSURER C: Hanover Insurance Company	22292		
c/o FirstService Residential 945 W. Vistoso Highlands Dr	INSURER D : Travelers Casualty & Surety Company of America	31194		
Oro Vallley, AZ 85755	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	Т	TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	****		(MINUDE/TTTT)	(MINUDD) 11111	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		EPP 0429552	3/24/2022	3/24/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	UTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
		ANY AUTO			EPP 0429552	3/24/2022	3/24/2023	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
В	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE			USL01482121U-39293-4	3/24/2022	3/24/2023	AGGREGATE	\$	10,000,000
		DED RETENTION \$							\$	
C	WOF	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A	W2YH220302	W2YH220302	3/24/2022	3/24/2023	E.L. EACH ACCIDENT	\$	1,000,000
			IN / A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Crin	ne	X		106069656	3/24/2022	3/24/2023	36,000 Ded		3,600,000
Α	Dire	ectors & Officers	X		EMO 0529630	3/24/2022	3/24/2023	10,000 Deductible		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Carrier A/Policy #EPP0429552: Blanket Property Limit \$4,026,802 subject to \$5,000 Deductible. Replacement Cost. Special Form.

Coverage applies to Common Areas Only and does not extend to individual homes or residential dwellings.

CERTIFICATE HOLDER	CANCELLATION

FirstService Residential 945 W. Vistoso Highlands Dr Oro Valley, AZ 85755 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

All