

NSMITH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/26/2024

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.

lf	SU	BROGATION IS WAIVED, subje ertificate does not confer rights t	ct to	the	terms and conditions of	the po	licy, certain ¡	policies may	•			
	PRODUCER						CONTACT NAME:					
		noney Group - Phoenix orth 19th Avenue, Suite 200				PHONE (A/C, No, Ext): (623) 215-1300 FAX (A/C, No): (623) 2					215-1333	
Phoenix, AZ 85027							E-MAIL ADDRESS:					
							INSURER(S) AFFORDING COVERAGE					
							INSURER A: Cincinnati Insurance Company					
INSURED Vistoso Community Association c/o FirstService Residential 945 W. Vistoso Highlands Dr						INSURER B : Allmerica Financial Benefit Insurance Company 41840					41840	
						INSURER C: Travelers Casualty & Surety Company of America					31194	
						INSURER D:						
Oro Vallley, AZ 85755							INSURER E:					
							INSURER F:					
COVERAGES CERTIFICATE NUMBER:							REVISION NUMBER:					
		IS TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY F										
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	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
Α	Х	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR			EPP 0429552		3/24/2024	3/24/2025	DAMAGE TO RENTED PREMISES (Ea occurre		500,000	
									MED EXP (Any one pe		5,000	
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Α	X COMMERCIAL GENERAL LIABILITY					,		EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			EPP 0429552	3/24/2024	3/24/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO			EPP 0429552	3/24/2024	3/24/2025	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)	\$	
									\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
		EXCESS LIAB CLAIMS-MADE			EPP 0429552	3/24/2024	3/24/2025	AGGREGATE	\$	2,000,000
1		DED RETENTION \$							\$	
В	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N		N/A		W2YH220302	3/24/2024	3/24/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Crime/Fidelity				106069656	3/24/2024	3/24/2025	36,000 Deductible		3,600,000
Α	Directors & Officers				EMO 0529630	3/24/2024	3/24/2025	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 \$5,452,994 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
For Information Only	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