

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/18/2024

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. 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 liqu of such endorsement(s)

th	is certificate does not confer rights to			•	• •	•	ay require		A state			
PRODUCER						CONTACT NAME: Larry Cabossel						
House-Chilson & Associates						PHONE (A/C, No, Ext): (928) 445-4600 FAX (A/C, No): (928) 445-5386						
400 White Spar Road						E-MAIL ADDRESS: debbie@housechilson.com						
						INSURER(S) AFFORDING COVERAGE						
Prescott AZ 86303						INSURER A: Auto Owners Insurance Company					18988	
INSURED						INSURER B: Continental Casuality						
Mesquite Hills Homeowners					INSURER C:							
C/O Kinney Management Services					INSURER D :							
PO Box 25466			.=			INSURER E :						
	Tempe	AZ 85285-5466			INSURER F:							
				NUMBER: CL241181859				REVISION NUM				
IN CI EX	HIS IS TO CERTIFY THAT THE POLICIES OF II IDICATED. NOTWITHSTANDING ANY REQUIF ERTIFICATE MAY BE ISSUED OR MAY PERTA KCLUSIONS AND CONDITIONS OF SUCH PO	REME JIN, TI LICIE:	NT, TE HE INS S. LIM	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE ITS SHOWN MAY HAVE BEEN	CONTRA E POLICI	ACT OR OTHER ES DESCRIBEI	DOCUMENT \ DHEREIN IS S AIMS.	WITH RESPECT TO	WHICH T	HIS		
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
	COMMERCIAL GENERAL LIABILITY							LACITOCCORRENCE \$		\$ 1,00	00,000	
	CLAIMS-MADE X OCCUR					02/28/2024	02/28/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)		\$ 300,	,000	
Α								MED EXP (Any one person)		\$ 10,000		
		Υ		45083724				PERSONAL & ADV INJURY \$		\$ 1,00	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GLINERAL AGGREGATE 5		φ .	00,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP	OP AGG	Φ ′	00,000	
	OTHER:							COMBINED SINGLE	LIMIT	\$		
Α	AUTOMOBILE LIABILITY							(Ea accident)		\$ 1,00	0,000	
	ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY			45000704		00/00/0004	00/00/0005	BODILY INJURY (Per		\$		
				45083724		02/28/2024	02/28/2025	BODILY INJURY (Per PROPERTY DAMAG		\$		
								(Per accident)	_	\$		
	LIMPRELLALIAR									\$		
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS MADE							EACH OCCURRENC	E	\$		
	CLAIMS-IMADE							AGGREGATE		\$		
	DED RETENTION \$ WORKERS COMPENSATION							PER STATUTE	OTH- ER	\$		
	AND EMPLOYERS' LIABILITY NNY PROPRIETOR/PARTNER/EXECUTIVE DFFICER/MEMBER EXCLUDED? Mandatory in NH)											
								E.L. EACH ACCIDEN		\$		
	If yes, describe under							E.L. DISEASE - EA E		\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	ICY LIMIT			
В	Directors and Officers Liability			619013933		05/11/2023	05/11/2024	\$1,000,000				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	ace is required)					
Dec Em	ces/Gates \$50,000 - Signs \$7,000 - Replace luctible bloyee Dishonesty \$25,000 - \$250 Deductible egard to General Liability ,Certificate Holder i	е										
CERTIFICATE HOLDER						CANCELLATION						
Kinney Property Management Services PO Box 25466						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										

Tempe, AZ 85285