

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/25/2023

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.

	SUBROGATION IS WAIVED, subject t is certificate does not confer rights to							uire an endorsement. A	stateme	nt on		
PRODUCER						CONTACT NAME: Lindsay King						
Insurance Center of Green Valley						PHONE (A/C, No, Ext): 520-648-1150 (A/C, No):						
514 E Whitehouse Canyon Rd., #170						E-MAIL ADDRESS: lindsay.king@insuregv.com						
	•						NAIC #					
Gre	een Valley			AZ 85614	INSURER A: OWNERS INSURANCE CO							
INSURED 12 05011						INSURER B :						
San Ignacio Vistas Inc						INSURER C :						
PO	Box 1150				INSURER D :							
Gre	en Valley, AZ, 85622-1150				INSURER E :							
					INSURER F:							
CO	VERAGES CERT	TIFIC	ATE	NUMBER:	REVISION NUMBER:							
IN CI EX	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQUENTIFICATE MAY BE ISSUED OR MAY PER KCLUSIONS AND CONDITIONS OF SUCH PO	JIREM TAIN, OLICI	IENT, THE I ES. LI	TERM OR CONDITION OF A INSURANCE AFFORDED BY IMITS SHOWN MAY HAVE BE	NY CON THE PC	ITRACT OR OT LICIES DESCF DUCED BY PAI	THER DOCUM RIBED HEREIN D CLAIMS.	ENT WITH RESPECT TO WH	IICH THIS			
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
	COMMERCIAL GENERAL LIABILITY								\$	1,000,000		
	CLAIMS-MADE X OCCUR					ļ		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000		
								MED EXP (Any one person)	\$	5,000		
A				45070688		10/10/2022	10/10/2023	PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000		
	OTHER:								\$			
	AUTOMOBILE LIABILITY				10/10/2022		10/10/2023	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
	ANY AUTO							BODILY INJURY (Per person)	\$			
A	OWNED SCHEDULED AUTOS ONLY			45070688		10/10/2022		` '	\$			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	2,000,000		
A	EXCESS LIAB CLAIMS-MADE			4231855601		10/10/2022	10/10/2023	AGGREGATE	\$	2,000,000		
	DED RETENTION\$								\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$			
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	D 101. Additional Remarks Sched	lule. mav	be attached if me	ore space is req	uired)				
		·										
CEF	RTIFICATE HOLDER				CANC	ELLATION						
San Ignacio Vistas						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
PO Box 1150						AUTHORIZED REPRESENTATIVE Lindsay King						
	Green Valley AZ 85622				constructions in ill							



NBROST



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/26/2023

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.

		BROGATION IS WAIVED, subje certificate does not confer rights t							require an endorsemen	t. As	tatement on		
PRODUCER The Mahoney Group - Tucson 5330 N. La Cholla Blvd							CONTACT Norma Brost						
							PHONE (A/C, No, Ext): (520) 318-6888 FAX (A/C, No): (520) 795-8542						
Tuc	son	, AZ 85741				E-MAIL ADDRESS: nbrost@mahoneygroup.com							
								NAIC #					
						INSURE	10677						
INSURED San Ignacio Vistas Inc							INSURER B:						
							INSURER C :						
		4771 S Prairie Hills Dr. Green Valley, AZ 85622				INSURER D:							
		Orden valley, AL 00011				INSURER E :							
						INSURER F:							
					E NUMBER:			TO THE INCH	REVISION NUMBER:				
C	IDIC.	IS TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY F IFICATE MAY BE ISSUED OR MAY	REQU PER	IREM TAIN	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	ANY CONTRA 7 THE POLIC	CT OR OTHER IES DESCRIE	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	ECT TO	WHICH THIS		
INSR	\CL	TYPE OF INSURANCE		SUBF		E BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS							
LTR	COMMERCIAL GENERAL LIABILITY		INSD	WVD	POLICT NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)					
	CLAIMS-MADE OCCUR								EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
									MED EXP (Any one person)	\$			
									PERSONAL & ADV INJURY	\$			
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
		POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$			
		OTHER:								\$			
	ΑU	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
		ANY AUTO							BODILY INJURY (Per person)	\$			
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$			
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
										\$			
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
		EXCESS LIAB CLAIMS-MADE	4						AGGREGATE	\$			
	woi	DED RETENTION \$ RKERS COMPENSATION							PER OTH- STATUTE ER	\$			
		RKERS COMPENSATION DEMPLOYERS' LIABILITY V DRODDIETOR/DARTNER/EVECUTIVE Y / N											
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$			
	If ye	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT				
Α	Dir	ectors & Officers			EMO 0457205		10/10/2022	10/10/2023	Each Claim	, v	1,000,000		
DES	CRIP	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	re space is requi	red)				
CERTIFICATE HOLDER							CANCELLATION						
San Ignacio Vistas PO Box 1150													
							-		DESCRIBED POLICIES BE CA HEREOF, NOTICE WILL		_		
									CY PROVISIONS.				
Green Valley, AZ 85622													
						AUTHORIZED REPRESENTATIVE							
							norma B. Porost						