

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

LHAL

DESEVIS-03

			```						9/	/21/2022
C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, AI	IVEL SUR/	Y OF	R NEGATIVELY AMEND	, EXTE	ND OR ALT	ER THE CO	OVERAGE AFFORDED	BY TH	IE POLICIES
lf	IPORTANT: If the certificate holde SUBROGATION IS WAIVED, subje- is certificate does not confer rights t	ct to	the	terms and conditions of	the po	licy, certain	policies may			
	DUCER	0 1110			CONTA NAME:		•			
The Mahoney Group - Phoenix 20333 North 19th Avenue, Suite 200 Phoenix, AZ 85027						NAME: FAX PHONE (A/C, No, Ext): (A/C, No, Ext): (623) 215-1300 FAX ADDRESS: (A/C, NO):				
						INSURER(S) AFFORDING COVERAGE				NAIC #
						INSURER A : PHILADELPHIA INSURANCE COMPANIES				67784
INSURED					INSURER B : Philadelphia Indemnity Ins. Co				18058	
	Desert Vista High School Th	und	erboa	ard Association	INSURER C :					
	16440 S 32nd St				INSURER D :					
	Phoenix, AZ 85048				INSURER E :					
					INSURER F :					
				ENUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRA	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPE	ECT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000 100,000
		X		PHPK2463587		10/27/2022	10/27/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	5,000
								MED EXP (Any one person) PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
								PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
A	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
				PHPK2463587		10/27/2022	10/27/2023	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED							BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE	\$	
	DED RETENTION \$							PER OTH-	\$	
	AND EMPLOYERS' LIABILITY Y / N							STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A						E.L. EACH ACCIDENT	\$	
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$	
В	DÉSCRIPTION OF OPERATIONS below Directors & Officers			PHSD1731517		9/9/2022	9/9/2023	Ded: \$1,000	Þ	1,000,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	0 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requi	red)		
certi	ficate holder is included as Additional	nsur	ed wi	th respects to General Lia	bility			,		
CE	RTIFICATE HOLDER		CANO	CANCELLATION						
Tempe Union High School District 500 W Guadalupe Rd						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Tempe, AZ 85283					AUTHORIZED REPRESENTATIVE Juar P. Hall					

ACORD 25 (2016/03))

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