



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/02/2021

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 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 Mike Stapley Agency Inc 4850 E Baseline Rd Ste 101 Mesa, AZ 85206 (480) 503-4400 (072/404)	CONTACT NAME: Mike Stapley Agency Inc PHONE A/C No. Ext): (480) 503-4400	FAX (A/C. No): (855) 557-8475
	E-MAIL ADDRESS: MSTAPLEY@amfam.com	
INSURER(S) AFFORDING COVERAGE INSURER A : American Family Mutual Insurance Company, S.I.		NAIC # 19275
INSURED The Greater Granville HOA Inc. c/o Vison Community Management 16625 S Desert Foothills Pkwy Phoenix, AZ 85048	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	A		C000495514	02/01/2021	02/01/2022	BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 BODILY INJURY \$ \$
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER <u>Crime/Fidelity</u>	A		C000495514	02/01/2021	02/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$5,000 Deductible \$ 500,000
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ 10,000			C000495550	02/01/2021	02/01/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	A	Directors & Officers	A		C000495514	02/01/2021	02/01/2022

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Property covered at Replacement Cost, "Bare Walls" - \$10,000 Deductible
Property Manager is included as Additional Insured on the GL, D&O and Crime/Fidelity.

CERTIFICATE HOLDER	CANCELLATION
Vision Community Management 16625 S Desert Foothills Pkwy Phoenix, AZ 85048	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 Susan Lopez

Note regarding insurance policy and carrier changes:

- The Insurance Policy was put out to bid, and a new carrier was selected.
- The deductible remains at \$10,000 to minimize small claims and keep insurance premiums down.
- Your personal insurance policy should be written to cover your share of the deductible.



The Greater Granville HOA - Master Insurance Program 2021

This fact sheet is designed to assist you in purchasing your own insurance to coordinate with the master policy.

Association Master Policy

- The policy covers the structure as "Bare Walls".
- The Master Insurance deductible is \$10,000, and is assessed exclusively against units benefited.

Unit owner insurance needs

- You need a policy to provide coverage for your interior dwelling, personal property, personal liability, and other coverages you deem necessary. It should include coverage for the Master Insurance deductible.

Certificate of Insurance

- In the event that you refinance or sell your unit, insurance certificates may be requested by your mortgage broker, realtor, or directly by you. To request a copy, please email mikestapleyagency@amfam.com

Claims

- If you feel that your association needs to file a claim on the master policy, notify Vision Community Management immediately at 480-759-4945.

Combine and save:

- If your personal policy is with us, and there is a claim involving both policies, your personal deductible will be waived.

For additional assistance, questions, or individual insurance quotes ~ feel free to contact us anytime.

American Family Insurance
Mike Stapley Agency, Inc.
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