

CERTIFICATE OF LIABILITY INSURANCE

American Family Insurance Company
 American Family Mutual Insurance Company, S.I. if selection box is not checked.
 6000 American Pky Madison, Wisconsin 53783-0001

Insured's Name and Address
 Alta Mesa Unit 11 Homeowners Association Inc.
 c/o Vision Community Management
 16625 S Desert Foothills Pkwy
 Phoenix, AZ 85048

Agent's Name, Address and Phone Number (Agt./Dist.)
 Casey J Bell Agency, LLC
 8325 W Happy Valley Rd Ste 110
 Peoria, AZ 85383
 (623) 580-4800 (136/411)

**This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder.
 This certificate does not amend, extend or alter the coverage afforded by the policies listed below.**

COVERAGES				
This is to certify that 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.				
TYPE OF INSURANCE	POLICY NUMBER	POLICY DATE		LIMITS OF LIABILITY
		EFFECTIVE (Mo, Day, Yr)	EXPIRATION (Mo, Day, Yr)	
Homeowners/ Mobilehomeowners Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Boatowners Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Personal Umbrella Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Farm/Ranch Liability				Farm Liability & Personal Liability Each Occurrence \$,000
				Farm Employer's Liability Each Occurrence \$,000
Workers Compensation and Employers Liability †				Statutory *****
				Each Accident \$,000
				Disease - Each Employee \$,000
				Disease - Policy Limit \$,000
General Liability <input checked="" type="checkbox"/> Commercial General Liability (occurrence) <input type="checkbox"/> <input type="checkbox"/>	91001-94624-76	10/25/2022	10/25/2023	General Aggregate \$ 2,000,000
				Products - Completed Operations Aggregate \$ 2,000,000
				Personal and Advertising Injury \$ 1,000,000
				Each Occurrence \$ 1,000,000
				Damage to Premises Rented to You \$ 100,000
				Medical Expense (Any One Person) \$ 5,000
Businessowners Liability				Each Occurrence†† \$,000 Aggregate†† \$,000
Liquor Liability				Common Cause Limit \$,000 Aggregate Limit \$,000
Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Auto <input checked="" type="checkbox"/> Nonowned Autos <input type="checkbox"/>	91001-94624-76	10/25/2022	10/25/2023	Bodily Injury - Each Person \$,000
				Bodily Injury - Each Accident \$,000
				Property Damage \$,000
				Bodily Injury and Property Damage Combined \$ 2,000,000
Excess Liability <input type="checkbox"/> Commercial Blanket Excess <input type="checkbox"/>				Each Occurrence/Aggregate \$,000

Other (Miscellaneous Coverages)
 AMERICAN FAMILY INSURANCE POLICY # 91001-94624-76 D&O Limits \$1,000,000 Deductible:\$1000_Crime/Fidelity \$50,000 Deductible:\$1000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS
 HOA HAS 76 HOMES. COMMON AREAS ONLY. HOA PROPERTY COVERAGE - BLOCK WALLS, RETAINING WALLS, MONUMENT SIGNS, ETC. .
 TREE/SHURB COVERAGE-\$5,000 AGGREGATE/\$1,000 PER TREE-WIND/HAIL INCLUDED.
 MANAGEMENT COMPANY IS AN ADDITIONAL INSURED ON GL, D&O & CRIME

†The individual or partners Have shown as insured elected to be covered under this policy. Have not
 ††Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate.

CERTIFICATE HOLDER'S NAME AND ADDRESS	CANCELLATION
Additional Insured: Vision Community Management 16625 S Desert Foothills Pkwy Phoenix, AZ 85048	<input checked="" type="checkbox"/> Should any of the above described policies be cancelled before the expiration date thereof, the company will endeavor to mail *(30 days) written notice to the Certificate Holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. *10 days unless different number of days shown. <input type="checkbox"/> This certifies coverage on the date of issue only. The above described policies are subject to cancellation in conformity with their terms and by the laws of the state of issue.
DATE ISSUED 10/25/2022	AUTHORIZED REPRESENTATIVE Casey Bell