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 Virginia Park Villas Homeowners Association c/o Vision Community Management 16625 S Desert Foothills Pkwy

Phoenix, AZ 85048

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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 (085/410)

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

				ted, notwithstanding any requirement, term or cor erein is subject to all the terms, exclusions, and co									
TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE (Mo, Day, Yr)	EXPIRATION (Mo, Day, Yr)	LIMITS OF LIABILITY									
Homeowners/		, , , , ,	, , , ,	Bodily Injury and Property Damage									
Mobilehomeowners Liability				Each Occurrence	\$,000							
Destaurane Liebility				Bodily Injury and Property Damage									
Boatowners Liability				Each Occurrence	\$,000							
D				Bodily Injury and Property Damage									
Personal Umbrella Liability				Each Occurrence	\$,000							
				Farm Liability & Personal Liability									
				Each Occurrence	\$,000							
Farm/Ranch Liability				Farm Employer's Liability									
				Each Occurrence	\$,000							
				Statutory	+	******							
Workers Compensation and Employers Liability †				Each Accident	\$,000							
				Disease - Each Employee	\$,000							
				Disease - Policy Limit	\$,000							
				General Aggregate	\$	4,000,000							
General Liability				Products - Completed Operations Aggregate	\$	4,000,000							
Commercial General	91003-42786-76	05/11/2023	05/11/2024	Personal and Advertising Injury	\$	2,000,000							
Liability (occurrence)				Each Occurrence	\$	2,000,000							
X American Family Insurance						2,000,000							
				Damage to Premises Rented to You	\$ \$	5,000							
				Medical Expense (Any One Person) Each Occurrence									
Businessowners Liability					\$,000							
				Aggregate ++ Common Cause Limit	\$,000							
Liquor Liability					\$,000							
				Aggregate Limit	\$,000							
Automobile Liability				Bodily Injury - Each Person	\$,000							
🗌 Any Auto				Bodily Injury - Each Accident	\$.000							
All Owned Autos					φ	,000							
Scheduled Autos	91003-42786-76	05/11/2023	05/11/2024	Property Damage	\$,000							
K Hired Auto													
X Nonowned Autos				Bodily Injury and Property Damage Combined	\$	2,000,000							
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Excess Liability													
Commercial Blanket Excess				Each Occurrence/Aggregate	\$,000							
Other (Miscellaneous Coverages) CNA-Policy # 618856970-D&O-\$1,000,000 Deductible \$1,000Crime/Fidelity-\$40,000 Deductible-\$250													
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS													
Association has 3 bidgs-14 units. Policy is Special Form- Walls In (including improvements) with Guaranteed shown as insured elected to													
Replacement Cost* \$3,355,654 Scheduled/Unscheduled Structure Coverage \$125,000 - Deductible \$2,500 be covered under this policy. Have not													
Ordinance or Law Coverage A \$3,355,654, Coverage B&C \$150,000 per bldg, Sewer Backup \$100,000 + Products-Completed Operations aggregate is equal to each occurrence limit and is													
Vision Community Management listed as additional insured on GL, D&O & Crime policies.													
	CANCELLATION												
	DER'S NAME AND ADDRESS	Should any of the above described policies be cancelled before the expiration date											
Vision Community Management			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.										
							Vision Community Management			This certifies coverage on the date of issue only. The above described policies are			
							16625 S Desert Foothills Pkwy			subject to cancellation in conformity with their terms and by the laws of the state of issue.			

DATE ISSUED

05/11/2023

Phoenix, AZ 85048

AUTHORIZED REPRESENTATIVE

Casey Bell