

**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  
 Paseo Crossing Community Association  
 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)	
<b>Homeowners/ Mobilehomeowners Liability</b>				Bodily Injury and Property Damage Each Occurrence \$ ,000
<b>Boatowners Liability</b>				Bodily Injury and Property Damage Each Occurrence \$ ,000
<b>Personal Umbrella Liability</b>				Bodily Injury and Property Damage Each Occurrence \$ ,000
<b>Farm/Ranch Liability</b>				Farm Liability & Personal Liability Each Occurrence \$ ,000
				Farm Employer's Liability Each Occurrence \$ ,000
<b>Workers Compensation and Employers Liability †</b>				Statutory *****
				Each Accident \$ ,000
				Disease - Each Employee \$ ,000
				Disease - Policy Limit \$ ,000
<b>General Liability</b> <input checked="" type="checkbox"/> Commercial General Liability (occurrence) <input type="checkbox"/> <input type="checkbox"/>	91002-21540-40	12/01/2023	12/01/2024	General Aggregate \$ 4,000,000
				Products - Completed Operations Aggregate \$ 4,000,000
				Personal and Advertising Injury \$ 2,000,000
				Each Occurrence \$ 2,000,000
				Damage to Premises Rented to You \$ 100,000
				Medical Expense (Any One Person) \$ 5,000
<b>Businessowners Liability</b>				Each Occurrence†† \$ ,000 Aggregate†† \$ ,000
<b>Liquor Liability</b>				Common Cause Limit \$ ,000 Aggregate Limit \$ ,000
<b>Automobile Liability</b> <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"/>	91002-21540-40	12/01/2023	12/01/2024	Bodily Injury - Each Person \$ ,000
				Bodily Injury - Each Accident \$ ,000
				Property Damage \$ ,000
				Bodily Injury and Property Damage Combined \$ 2,000,000
<b>Excess Liability</b> <input type="checkbox"/> Commercial Blanket Excess <input type="checkbox"/>				Each Occurrence/Aggregate \$ ,000
<b>Other (Miscellaneous Coverages)</b> AMERICAN FAMILY INSURANCE POLICY # 91002-21540-40 D&O Limits \$2,000,000 Deductible:\$1000_Crime/Fidelity \$1,000,000 Deductible:\$1000				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS HOA HAS 298 HOMES. COMMON AREAS ONLY. HOA PROPERTY COVERAGE - OUTDOOR PLAYGROUND, WROUGHT IRON GATES & EQUIPMENT, STREETS/ASPHALT, BLOCK WALLS, FENCING, CURBING, LIGHT POLES, ETC. TREE/SHURB COVERAGE-\$20,000 AGGREGATE/\$2,500 PER TREE-WIND/HAIL INCLUDED. MANAGEMENT COMPANY IS AN ADDITIONAL INSURED ON GL, D&O & CRIME				
<b>CERTIFICATE HOLDER'S NAME AND ADDRESS</b>		<b>CANCELLATION</b>		
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 12/01/2023	AUTHORIZED REPRESENTATIVE Casey Bell	