## CERTIFICATE OF LIABILITY INSURANCE

American Family Insurance Company  $\ \square$ 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 La Colina Homeowners 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 (085/410)

COVERAGES						
This is to certify that policies of insurance lis	sted below have been issued to the insur-	ed named above for the	policy period indica	ted, notwithstanding any requirement, term or con	dition of an	y contract or other
document with respect to which this certification	ate may be issued or may pertain, the ins			erein is subject to all the terms, exclusions, and co	onditions of	such policies.
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	\$	,00
Boatowners Liability				Bodily Injury and Property Damage		
				Each Occurrence	\$	,00
Personal Umbrella Liability				Bodily Injury and Property Damage		
				Each Occurrence	\$	,00
Farm/Ranch Liability				Farm Liability & Personal Liability	Ф	00
				Each Occurrence	\$	,00
				Farm Employer's Liability	ф	00
				Each Occurrence	\$	,00
Workers Compensation and Employers Liability †				Statutory  Each Accident	¢	*********
					\$ \$	,00,
				Disease - Each Employee  Disease - Policy Limit	\$	,00, ,00,
				General Aggregate	\$	,00
General Liability				Products - Completed Operations Aggregate	\$	4,000,00
Commercial General Liability (occurrence)				Personal and Advertising Injury	\$	2,000,00
American Family Insurance	91001-28635-63	01/05/2023	01/05/2024	Each Occurrence	\$	2,000,00
Businessowners Liability				Damage to Premises Rented to You	\$	100,00
				Medical Expense (Any One Person)	\$	5,00
				Each Occurrence††	\$	,00
				Aggregate††	\$	,000
1 to				Common Cause Limit	\$	,000
Liquor Liability				Aggregate Limit	\$	,00
Automobile Liability				Bodily Injury - Each Person	\$	,00
☐ Any Auto				Bodily Injury - Each Accident	Φ	000
☐ All Owned Autos				Bodily Injury - Lacri Accident	\$	,00
☐ Scheduled Autos	91001-28635-63	01/05/2023	01/05/2024	Property Damage	\$	,00
★ Hired Auto						
Nonowned Autos				Bodily Injury and Property Damage Combined	\$	2,000,000
Excess Liability						
☐ Commercial Blanket Excess				Each Occurrence/Aggregate	\$	,00
Other (Miscellaneous Coverage			000 000 D		200 4	4 000
<del>-</del>	<u> </u>		,000,000 - De	eductible \$1,000 - Crime \$100,0	J00 - \$ <sup>2</sup>	1,000
DESCRIPTION OF OPERATIONS / LOCAT 111 Single Family HOA locat			n - Coverage i	s for Common		
Areas Only with 100% Replace			1 - Ooverage i			ilicy. Have no
Vision Community Managem			Crime. Tree (	Coverage \$5,000/ ††Products-Comis equal to each	pleted Ope	rations aggregate
\$1000 per tree for removal.				included in po		
CERTIFICATE HOLDER'S NAME AND ADDRESS			CANCELLATION			
			Should any of the above described policies be cancelled before the expiration date			
Vi-i Oit- M			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			
Vision Community Management			upon the company, its agents or representatives. *10 days unless different number of days			
16625 S Desert Foothills Pkwy			shown.  This certifies coverage on the date of issue only. The above described policies are			
Phoenix, AZ 85048			subject to cancellation in conformity with their terms and by the laws of the state of issue.			
			ATE ISSUED			

Stock No. 06668 Rev. 7/02 U-201 Ed. 5/00

01/05/2023

Casey Bell