



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/15/2024

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 <b>Michael R Stapley</b> 4850 E Baseline Rd Ste 101 Mesa, AZ 85206 (480) 503-4450 (072/404)	CONTACT NAME: <b>Michael R Stapley</b> PHONE: (480) 503-4450 A/C. No. Ext): (480) 503-4450 E-MAIL ADDRESS: <b>mstapley@amfam.com</b>	FAX (A/C. No.): (855) 557-8475
	INSURER(S) AFFORDING COVERAGE INSURER A : <b>American Family Mutual Insurance Company</b>	
INSURED <b>Sierra Verde Ranch Property Owners Association</b> c/o Vision Community Management 16625 S Desert Foothills Pkwy Phoenix, AZ 85048	NAIC # <b>19275</b>	
	INSURER B : <b>Pennsylvania Man Indm Co</b>	
	INSURER C :	
	INSURER D :	
	INSURER E :	

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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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	<b>AUTOMOBILE LIABILITY</b>			CA00-0065-66	02/01/2024	02/01/2025	BODILY INJURY (Per person) \$ 1,000,000	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per accident) \$ 1,000,000	
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$ 1,000,000	
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY \$	
	<input type="checkbox"/>	<input type="checkbox"/>					\$	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			91001-57582-64	02/01/2024	02/01/2025	EACH OCCURRENCE \$ 2,000,000	
	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR	Y				DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
	<input type="checkbox"/>						MED EXP (Any one person) \$ 5,000	
	<input type="checkbox"/>						PERSONAL & ADV INJURY \$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 4,000,000
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PROJECT	<input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 4,000,000
	<input checked="" type="checkbox"/> OTHER	Crime/Fidelity						\$1,000 Deductible \$ 300,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR		91001-57595-74	02/01/2024	02/01/2025	EACH OCCURRENCE \$ 5,000,000	
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 5,000,000	
	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> RETENTION \$ 10,000					\$	
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			202401-05-30-80-8Y	02/01/2024	02/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	N / A				E.L. EACH ACCIDENT \$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000	
A	Directors & Officers	Y		91001-57582-64	02/01/2024	02/01/2025	\$1,000,000 -- \$1,000 Deductible	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Coverage applies to Common Area only and does not extend to individual units - \$2,500 deductible  
 Commercial auto includes coverage for 2012 GMC Vin 1GT422C86CF118337 AND 1990 Ford Ln 8000 Vin 1FDXR82A6LVA16943. IM POLICY 072404 covers 1997 John Deer Backhoe and 2011 John Deer Blade.  
 Property Manager is included as additional insured on the GL, Crime/Fidelity and D&O

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
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
	Michelle Cook

REMARKS

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