

CERTIFICATE OF LIABILITY INSURANCE

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

Insured's Name and Address
The Sanctuary at Avondale Homeowners Association Inc
 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)

**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"/> | 91002- 34457-65 | 02/01/2024 | 02/01/2025 | 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 |
| 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"/> | 91002- 34457-65 | 02/01/2024 | 02/01/2025 | 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 # 91002- 34457-65 - D&O Limit \$1,000,000 - Deductible \$1000 - CRIME/FIDELITY - \$500,000-\$1000 Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS

Association has 562 units. Special Form with 100% Replacement Cost. Blanket Property/Structure \$200,000 subject to a \$1,000 deductible - Trees/Shrubs \$20,000/\$2,500 - Wind/Hail Coverage Included. Coverage is only for common area and doesn't extend coverage to individual units. Vision Community Management is additionally insured on GL, D&O & Crime.

The individual or partners 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 | |
|--|--|---------------------------|
| 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. | |
| | <table style="width: 100%;"> <tr> <td style="width: 50%;">DATE ISSUED 02/01/2024</td> <td style="width: 50%;">AUTHORIZED REPRESENTATIVE Casey Bell</td> </tr> </table> | DATE ISSUED 02/01/2024 |
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