



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/07/2024

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 Mike Stapley Agency Inc 4850 E Baseline Rd Ste 101 Mesa, AZ 85206 (480) 503-4450 (072/404)	CONTACT NAME: Mike Stapley Agency Inc	FAX (A/C. No.): (855) 557-8475
	PHONE A/C. No. Ext): (480) 503-4450	E-MAIL ADDRESS: mikestapleyagency@amfam.com
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :American Family Mutual Insurance Company, S.I.		19275
INSURER B :Hanover		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

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> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____	Y		910041600437	07/23/2024	07/23/2025	BODILY INJURY (Per person)      \$ 2,000,000
	BODILY INJURY (Per accident)    \$ 2,000,000						
	PROPERTY DAMAGE (Per accident) \$ 2,000,000						
	BODILY INJURY                            \$						
	_____                                        \$						
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> _____ <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER <u>Crime/Fidelity</u>	Y		910041600437	07/23/2024	07/23/2025	EACH OCCURRENCE                    \$ 2,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)    \$						
	MED EXP (Any one person)            \$ 5,000						
	PERSONAL & ADV INJURY                \$ 2,000,000						
	GENERAL AGGREGATE                    \$ 4,000,000						
	PRODUCTS - COMP/OP AGG            \$ 4,000,000						
	\$1,000 Deductible                        \$ 300,000						
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE                    \$
	AGGREGATE                                \$						
	_____                                        \$						
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	W2YJ49858200	07/23/2024	07/23/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	E.L. EACH ACCIDENT                    \$ 1,000,000						
	E.L. DISEASE - EA EMPLOYEE        \$ 1,000,000						
	E.L. DISEASE - POLICY LIMIT        \$ 1,000,000						
A	Directors & Officers	Y		910041600437	07/23/2024	07/23/2025	\$2,000,000 - \$1,000 Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Above policy includes 125% Replacement Cost coverage for common HOA property with \$2,500 deductible.  
Landscape Coverage (wind included): \$15,000  
Property Manager is included as additional insured on the GL, Crime/Fidelity and D&O.

<b>CERTIFICATE HOLDER</b> Vision Community Management 16625 S Desert Foothills Pkwy Phoenix AZ 85048-8470	<b>CANCELLATION</b> 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 Mike Stapley
--	--

REMARKS

--