



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/20/2024

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 have ADDITIONAL INSURED provisions or 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 Guardian Insurance Group 15262 N 75th Ave Ste. 450 Peoria AZ 85381	CONTACT NAME: MARTHA BELL PHONE (A/C, No, Ext): (602) 854-2754 E-MAIL ADDRESS: michelle@guardianinsgroup.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED Venu at Grayhawk Condominium Association C/O Vision Community Management 16625 S Desert Foothills Parkway Phoenix AZ 85048	INSURER A: Accelerant Specialty Insurance	NAIC # 16890
	INSURER B: Federal Insurance Company	20281
	INSURER C: PMA Insurance Group	12262
	INSURER D: Continental Casualty Company	20443
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	N030PK2552-00	03/16/2024	03/16/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	N030PK2552-00	03/16/2024	03/16/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	G74702703	03/16/2024	03/16/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	2024011068824Y	03/16/2024	03/16/2025	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	D&O Crime and Fidelity	Y	Y	618848741	03/16/2024	03/16/2025	Limit \$1,000,000 Limit \$1,000,000 Deductible \$1,000

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

Association has 388 Units. Policy is Special Form, Building Coverage (Bare walls) with Guaranteed replacement Cost \$94,029,680 - Deductible \$50,000 - Wind/Hail 1% - Ordinance or Law Coverage A - \$94,029,680 Coverage B - \$500,000 Coverage C - \$500,000 per Bldg - Sewer Backup Included - Business Personal Property \$750,000. Severability of Interest. Property Management Company is included as additional insured on GL, D&O and Crime.

CERTIFICATE HOLDER CANCELLATION

Vision Community Management 16625 S Desert Foothills Parkway 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 <i>Kristen M Harrison</i>
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Guardian Insurance Group

602-854-2754
michelle@guardianinsgroup.com

We are the Insurance Agency that carries the Master Policy for your association. We want to provide all unit owners with some information that will prove useful when looking at your own unit owner's coverage's.

Per your community CC&R's the Association has a Bare Walls policy. This means the association will cover damages to the building up through the studs subject to the policy deductible of \$50,000.

It will not cover your personal liability, your personal property or loss of use associated with a claim.

Therefore, unit owners need to carry a Unit Owners (HO6) policy. This will allow you to cover the necessary coverages to avoid any coverage gaps between the Master policy and your personal policy.

Some recommended coverages are:

***Dwelling Coverage** - this amount should be sufficient to cover the deductible that the association carries for fire, wind, hail, water damage, etc. as well as unfinished drywall, paint, floor coverings, cabinets, baseboards, fixtures, appliances, heating and a/c equipment, etc. This deductible could be assessed to you if your unit was affected in whole or part by a loss.

***Personal Property** - this amount should be sufficient to cover everything you own in your unit.

***Loss Assessment** - This provides coverage if you are assessed by the association for a covered loss.

***Personal Liability**-this protects you financially if you're responsible for damages or injuries to others

***Additional Living Expenses**-this helps pay for costs you incur if you are temporarily unable to live in your home due to a covered loss

*Any other coverages you and your personal agent deem necessary

We encourage you to reach out to your personal agent to review your community documents to have adequate coverage in the event of a claim. Clients who find out about their coverages after a claim are often disappointed, frustrated and at a loss. Plan appropriately!

We will even speak to your current carrier on your behalf to identify any recommendations, just have them call us!

We do offer the Unit Owners (HO6) policy. If you would like a quote, please let us know.

If you need a personalized certificate of insurance for your lender/mortgage company please call or email our office & we will get that taken care of for you.

GUARDIAN
INSURANCE

