

# CERTIFICATE OF LIABILITY INSURANCE

American Family Insurance Company

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  
**Countrywalk Estates HOA**  
 2820 N Pinal Ave Ste 12  
 Casa Grande, AZ 85122

Agent's Name, Address and Phone Number (Agt./Dist.)  
**Denee Kramer**  
 703 N Olive Ave Ste 2  
 Casa Grande, AZ 85122

**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)	
<b>Homeowners/ Mobilehomeowners Liability</b>				Bodily Injury and Property Damage Each Occurrence \$ ,000
<b>Boatowners Liability</b>				Bodily Injury and Property Damage Each Occurrence \$ ,000
<b>Personal Umbrella Liability</b>				Bodily Injury and Property Damage Each Occurrence \$ ,000
<b>Farm/Ranch Liability</b>				Farm Liability & Personal Liability
				Each Occurrence \$ ,000
				Farm Employer's Liability Each Occurrence \$ ,000
<b>Workers Compensation and Employers Liability †</b>				Statutory *****
				Each Accident \$ ,000
				Disease - Each Employee \$ ,000
				Disease - Policy Limit \$ ,000
<input checked="" type="checkbox"/> <b>General Liability</b> <input type="checkbox"/> Commercial General Liability (occurrence) <input type="checkbox"/> <input type="checkbox"/>	910047363679	04/13/2024	04/13/2025	General Aggregate \$ <b>4,000,000,000</b>
				Products - Completed Operations Aggregate \$ <b>4,000,000,000</b>
				Personal and Advertising Injury \$ <b>2,000,000,000</b>
				Each Occurrence \$ <b>2,000,000,000</b>
				Damage to Premises Rented to You \$ <b>50,000</b>
				Medical Expense (Any One Person) \$ <b>5,000</b>
<b>Businessowners Liability</b>				Each Occurrence † † \$ ,000
				Aggregate † † \$ ,000
<b>Liquor Liability</b>				Common Cause Limit \$ ,000
				Aggregate Limit \$ ,000
<b>Automobile Liability</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Auto <input type="checkbox"/> Nonowned Autos <input type="checkbox"/>				Bodily Injury - Each Person \$ ,000
				Bodily Injury - Each Accident \$ ,000
				Property Damage \$ ,000
				Bodily Injury and Property Damage Combined \$ ,000
<b>Excess Liability</b> <input type="checkbox"/> Commercial Blanket Excess <input type="checkbox"/>				Each Occurrence/Aggregate \$ ,000
<b>Other (Miscellaneous Coverages)</b>				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS <span style="float: right;">                     † The individual or partners shown as insured <input type="checkbox"/> Have <input type="checkbox"/> Have not elected to be covered as employees under this policy.                      † † Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate.                 </span>				
CERTIFICATE HOLDER'S NAME AND ADDRESS			CANCELLATION	
<b>Vision Community Management / Real Manage</b> 16625 S. Desert Foothills Pkwy Phoenix, AZ 85048			<input type="checkbox"/> Should any of the above described policies be cancelled before the expiration date thereof, the company will endeavor to mail *(    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 checked="" 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.	
			DATE ISSUED <b>1/30/2025</b>	AUTHORIZED REPRESENTATIVE <b>Denee Kramer</b>