



# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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).

<b>PRODUCER</b>  Mike Stapley Agency 4850 E Baseline Rd Ste 101 Mesa, AZ 85206	<b>CONTACT NAME:</b> Mike Stapley	<b>FAX (A/C, No):</b> 8555578475
	<b>PHONE (A/C, No, Ext):</b> 4805034400 <b>E-MAIL ADDRESS:</b> mikestapleyagency@amfam.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	INSURER A : Philadelphia Indemnity Insurance Company	18058
<b>INSURED</b>  Crestview Court Homeowners Association c/o Vision Community Management 16225 S Desert Foothills Pkwy Phoenix, AZ 85048	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

**CERTIFICATE NUMBER:**

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**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.

EXCLUSIONS AND CONDITIONS OF THIS POLICY. LIMITS OWNED MAY HAVE BEEN REDUCED BY THIS POLICY.											
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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC  OTHER:			Y	PHPK2728567-000	12/01/2025	12/01/2026	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	PHPK2728567-000	12/01/2025	12/01/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
								BODILY INJURY (Per person)	\$		
								BODILY INJURY (Per accident)	\$		
								PROPERTY DAMAGE (Per accident)	\$		
									\$		
									\$		
	UMBRELLA LIAB  EXCESS LIAB							EACH OCCURRENCE	\$		
								AGGREGATE	\$		
									\$		
									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			Y / N N / A				PER STATUTE	OTH-ER		
								E.L. EACH ACCIDENT	\$		
								E.L. DISEASE - EA EMPLOYEE	\$		
								E.L. DISEASE - POLICY LIMIT	\$		
									\$		
A	Directors & Officers Crime/Fidelity			Y	PHPK2728567-000	12/01/2025	12/01/2026	\$1000 Deductible		\$1,000,000	
										\$300,000	

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

Above policy includes Replacement Cost coverage for common HOA property with \$2,500 deductible.

Property Manager is included as Additional Insured on the GL, Crime/Fidelity and D&O.

## CERTIFICATE HOLDER

## CANCELLATION

Vision Community Management  
16225 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**