



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/17/2026

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 CASEY J BELL AGENCY, LLC 9240 W UNION HILLS DR STE 101 PEORIA, AZ 85382	CONTACT NAME: PHONE (A/C. No. Ext): 623-580-4800 FAX (A/C. No): 623-587-5879 E-MAIL ADDRESS: CBAGENCY@AMFAM.COM		
	INSURER(S) AFFORDING COVERAGE		
INSURED TWELVE PALMS ASSOCIATION INC. C/O VISION COMMUNITY MANAGEMENT 16625 S DESERT FOOTHILLS PKWY PHOENIX, AZ 85048	INSURER A :	ACCREDITED SURETY & CASUALTY COMPANY	NAIC # 26379
	INSURER B :	PMA COMPANIES	12262
	INSURER C :	CHUBB GROUP OF INSURANCE	27774
	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 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	1-HNY-AZ-01-01534006-01	03/17/2026	03/17/2027	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		Y	1-HNY-AZ-01-01534006-01	03/17/2026	03/17/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						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 \$
B	CRIME/FIDELITY		Y	412601-15-98-84-6Y	03/17/2026	03/17/2027	\$1,000 Deductible \$100,000

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

Condominium Association consisting of 14 units. Located in Phoenix, AZ - Bare Walls Coverage (excludes interior of units)
 Property/Building \$3,835,570 - Sewer Backup \$10,000 - BPP \$25,000 Ordinance or Law Coverage A \$3,835,570 Ordinance or Law Coverage B \$383,557
 Ordinance or Law Coverage C \$383,570 Detached Carport Limit \$200,000 Additional Scheduled Building Property \$214,500 (pool/hot tub, fencing, gates, etc)
 \$10,000 AOP Deductible, Wind/Hail \$10,000 Deductible, Water Damage \$5,000 Deductible.
 Insurer C: D&O, Policy #ADOAZF181515952-002 Term Dates: 03/17/2026 - 03/17/2027 Liability Limit \$1,000,000, Deductible/Retention \$1,000
 Property Management Company is an additional insured on GL, D&O and Crime - Property/Building Insurer A: Policy #1HNY-AZ-01-01534006-00

CERTIFICATE HOLDER**CANCELLATION**

VISION COMMUNITY MANAGEMENT 16625 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 TERESA WEBER
---	---

© 1988-2015 ACORD CORPORATION. All rights reserved.

Casey J Bell Agency, LLC

9240 W Union Hills Dr, Ste 101 Peoria, AZ 85382
623-580-4800 cbagency@amfam.com

RE: Twelve Palms Association, Inc. 3/17/2026 - 3/17/2027

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 All Perils policy deductible of \$10,000, Wind/Hail deductible of \$10,000 and Water Damage deductible of \$5,000.

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, ect 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** your 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.

