

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/09/2022

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   |                     | CONTACT Michael R Stapley   |                  |       |  |  |
|--|---------------------|---|------------------|-------|--|--|
| Michael R Stapley 4850 E Baseline Rd Ste 101   |                     | PHONE A/C, No, Ext): (480) 503-4450 FAX (A/C, No): (855) 557-8475 |                  |       |  |  |
|  |                     | E-MAIL mikestapleyagency@   | amfam.com        |       |  |  |
| Mesa, AZ 85206<br>(480) 503-4450 (072/404)   |                     | INSURER(S) AFFORDING COVERAGE                                     |                  | NAIC# |  |  |
| (480) 303-4430 (072/404)   |                     | INSURER A: American Family Mutual Insurance Company               |                  | 19275 |  |  |
| INSURED  |                     | INSURER B:  |                  |       |  |  |
| The Cove Homeowners' Association, Inc<br>c/o Vision Community Management<br>16625 S Desert Foothills Pkwy<br>Phoenix, AZ 85048 | •                   | INSURER C:  |                  |       |  |  |
|  | nent                | INSURER D :   |                  |       |  |  |
|  |                     | INSURER E:  |                  |       |  |  |
|  |                     | INSURER F:  |                  |       |  |  |
| COVERAGES  | CERTIFICATE NUMBER: | F   | 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,

| INSR<br>LTR | TYPE OF INSURANCE   | ADDL<br>INSR | SUBR<br>WVD    | POLICY NUMBER  | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY)   | LIMITS                                       | <br>S      |           |
|-------------|---|--------------|----------------|----------------|----------------------------|------------------------------|--|------------|-----------|
| Α           | AUTOMOBILE LIABILITY                                      | Υ            |                |                |                            |                              | BODILY INJURY (Per person)                   | \$         | 1,000,000 |
|             | ANY AUTO  |              | 91000-47588-78 |                | I                          | BODILY INJURY (Per accident) | \$   | 1,000,000  |           |
|             | ALL OWNED SCHEDULED AUTOS                                 |              |                | 91000-47588-78 | 09/01/2022                 | 09/01/2023                   | PROPERTY DAMAGE<br>(Per accident)            | \$         | 1,000,000 |
|             | ■ AUTOS ■ AUTOS NON-OWNED AUTOS                           |              |                |                |                            |                              | BODILY INJURY                                | \$         |           |
|             |   |              |                |                |                            |                              |  | \$         |           |
|             | ▼ COMMERCIAL GENERAL LIABILITY                            | Y            | 91000-         |                | 09/01/2022                 | 09/01/2023                   | EACH OCCURRENCE                              | \$         | 1,000,000 |
|             | ☐ ☐ CLAIMS-MADE X OCCUR                                   |              |                |                |                            |                              | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | \$         | 100,000   |
|             | x Business Owners Policy                                  |              |                |                |                            |                              | MED EXP (Any one person)                     | \$         | 5,000     |
| Α           |   |              |                | 91000-47588-78 |                            |                              | PERSONAL & ADV INJURY                        | \$         | 1,000,000 |
| , ,         | Ш   |              |                |                |                            |                              | GENERAL AGGREGATE                            | \$         | 2,000,000 |
|             | GEN'LAGGREGATE LIMIT APPLIES PER:                         |              |                |                |                            |                              | PRODUCTS - COMP/OP AGG                       | \$         | 2,000,000 |
|             | ▼ POLICY  |              |                |                |                            |                              | \$1,000 Deductible                           | \$         | 1,000,000 |
|             | X UMBRELLA LIAB X OCCUR                                   |              |                |                |                            |                              | EACH OCCURRENCE                              | \$         | 5,000,000 |
| Α           | EXCESS LIAB CLAIMS-MADE                                   |              | 910            | 91000-53003-39 | 09/01/2022                 | 09/01/2023                   | AGGREGATE                                    | \$         | 5,000,000 |
|             | ☐ DED   RETENTION \$ 10,000                               |              |                |                |                            |                              |  | \$         |           |
|             | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N         |              |                |                |                            |                              | ☐ PER ☐ OTHER                                |            |           |
|             | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A          |                |                |                            |                              | E.L. EACH ACCIDENT                           | \$         |           |
|             | (Mandatory in NH)   |              |                |                |                            |                              | E.L. DISEASE - EA EMPLOYEE                   | \$         |           |
|             | If yes, describe under<br>DESCRIPTION OF OPERATIONS below |              |                |                |                            |                              | E.L. DISEASE - POLICY LIMIT                  | \$         |           |
| Α           | Directors & Officers                                      | Υ            |                | 91000-47588-78 | 09/01/2022                 | 09/01/2023                   | \$1,000,000 \$1,000 E                        | Deductible | :         |

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

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

**Building limit: Blanket Replacement Cost** 

Interior "As Built" -- \$25,000 deductible ; - 124 Units

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

| CERTIFICATE HOLDER  | CANCELLATION   |  |  |
|---|--|--|--|
| Vision Community Management<br>16625 S Desert Foothills Pkwy<br>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  |  |  |
|   | Courtney Montgomery  |  |  |

## Note regarding insurance policy and carrier changes:

- The deductible remains at \$25,000 to minimize small claims and keep insurance premiums down.
- Your personal insurance policy should be written to cover your share of the deductible.



# **Laguna Shores DBA The Cove - Master Insurance Program 2020**

This fact sheet is designed to assist you in purchasing your own insurance to coordinate with the master policy.

## **Association Master Policy**

- The policy covers the structure and fixtures, as built.
- The Master Insurance deductible is \$25,000, and is assessed exclusively against units benefited.

## **Unit owner insurance needs**

• You need a policy to provide coverage for your personal property, personal liability, and other coverages you deem necessary. It should include coverage for the Master Insurance deductible.

### **Certificate of Insurance**

• In the event that you refinance or sell your unit, insurance certificates may be requested by your mortgage broker, realtor, or directly by you. To request a copy, please email <a href="mikestapleyagency@amfam.com">mikestapleyagency@amfam.com</a>

### Claims

• If you feel that your association needs to file a claim on the master policy, notify the Management Company immediately.

### Combine and save:

• If your personal policy is with us, and there is a claim involving both policies, your personal deductible will be waived.

For additional assistance, questions, or individual insurance quotes ~ feel free to contact us anytime.

American Family Insurance
Mike Stapley Agency, Inc.
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