



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/08/2021

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 Mike Stapley Agency, Inc. 4850 E Baseline Rd Ste 101 Mesa, AZ 85206 (480) 503-4450 (072/404)	CONTACT NAME: Mike R Stapley PHONE A/C No, Ext): (480) 503-4450 E-MAIL ADDRESS: mikestapleyagency@amfam.com	FAX (A/C, No): (855) 557-8475													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : American Family Mutual Insurance Company</td> <td>19275</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : American Family Mutual Insurance Company	19275	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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INSURED Crestview Court Homeowners Association c/o Vision Community Management 16225 S Desert Foothills Pkwy Phoenix, AZ 85048															

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____	Y		91000-59001-39	12/01/2021	12/01/2022	BODILY INJURY (Per person)    \$ 1,000,000
							BODILY INJURY (Per accident)    \$ 1,000,000
							PROPERTY DAMAGE (Per accident)    \$ 1,000,000
							BODILY INJURY    \$ _____
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER <u>Crime/Fidelity</u>	Y		91000-59001-39	12/01/2021	12/01/2022	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
\$1,000 Deductible    \$ 300,000							
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE    \$ _____
							AGGREGATE    \$ _____
							_____    \$ _____
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
							E.L. EACH ACCIDENT    \$ _____
							E.L. DISEASE - EA EMPLOYEE    \$ _____
							E.L. DISEASE - POLICY LIMIT    \$ _____
A	Directors and Officers	Y		91000-59001-39	12/01/2021	12/01/2022	\$1,000,000 coverage with \$1,000 ded.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Property includes property coverage for common area elements. Deductible: \$1,000  
 Landscape coverage at \$25,000.  
 Property Manager is included as Additional Insured on the GL, Crime/Fidelity and D&O.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
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 Courtney Montgomery