



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/14/2023

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).

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|---|---------------------------------------|---|
| PRODUCER<br>Mike Stapley Agency Inc<br>4850 E Baseline Rd Ste 101<br>Mesa, AZ 85206<br>(480) 503-4450 (072/404) | CONTACT NAME: Mike Stapley Agency Inc | FAX (A/C. No.): (855) 557-8475              |
|   | PHONE A/C. No. Ext): (480) 503-4450   | E-MAIL ADDRESS: mikestapleyagency@amfam.com |
| INSURER(S) AFFORDING COVERAGE   |                                       | NAIC #                                      |
| INSURER A : American Family Mutual Insurance Company, S.I.  |                                       | 19275                                       |
| INSURER B : Hanover Insurance   |                                       |   |
| INSURER C :   |                                       |   |
| INSURER D :   |                                       |   |
| INSURER E :   |                                       |   |
| INSURER F :   |                                       |   |

|           |                     |                  |
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| 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 INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|-----------|----------|----------------|-------------------------|-------------------------|--|
| A        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/>   | Y         |          | 910030478357   | 12/31/2023              | 12/31/2024              | BODILY INJURY (Per person) \$ 1,000,000  |
|          | <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS<br><input type="checkbox"/>   |           |          |                |                         |                         | BODILY INJURY (Per accident) \$ 1,000,000                                      |
|          |   |           |          |                |                         |                         | PROPERTY DAMAGE (Per accident) \$ 1,000,000                                    |
|          |   |           |          |                |                         |                         | BODILY INJURY \$   |
|          |   |           |          |                |                         |                         | \$   |
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE<br><input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/><br><input type="checkbox"/><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br><input checked="" type="checkbox"/> OTHER <u>Crime/Fidelity</u> | Y         |          | 910030478357   | 12/31/2023              | 12/31/2024              | EACH OCCURRENCE \$ 1,000,000   |
|          |   |           |          |                |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$                                   |
|          |   |           |          |                |                         |                         | 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 \$ 500,000  |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB<br><input type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ \$10,000.00  |           |          | 910030641240   | 12/31/2023              | 12/31/2024              | EACH OCCURRENCE \$ 5,000,000   |
|          |   |           |          |                |                         |                         | AGGREGATE \$ 5,000,000   |
|          |   |           |          |                |                         |                         | \$   |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N       | N/A      | W2Y-J283533-01 | 12/31/2023              | 12/31/2024              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER |
|          |   |           |          |                |                         |                         | E.L. EACH ACCIDENT \$ 1,000,000  |
|          |   |           |          |                |                         |                         | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000  |
|          |   |           |          |                |                         |                         | E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                       |
| A        | Directors & Officers  | Y         |          | 910030478357   | 12/31/2023              | 12/31/2024              | \$1,000,000 - \$1,000 Deductible   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Above policy includes 125% Replacement Cost coverage for common HOA property with \$2,500 deductible.  
 Landscape coverage: \$20,000 (wind included)  
 Property Manager is included as additional insured on the GL, Crime/Fidelity and D&O.

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| <b>CERTIFICATE HOLDER</b><br>Vision Community Management<br>16625 S Desert Foothills Pkwy<br>Phoenix, AZ 85048 | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br>Michelle Cook |
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REMARKS

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