



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/01/2021

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 <b>Michael R Stapley</b> 4850 E Baseline Rd Ste 101 Mesa, AZ 85206 (480) 503-4450 (072/404)	CONTACT NAME: <b>Michael R Stapley</b> PHONE: (480) 503-4450 A/C. No. Ext): (480) 503-4450 E-MAIL ADDRESS: <b>mikestapleyagency@amfam.com</b>	FAX (A/C. No): (855) 557-8475
	INSURER(S) AFFORDING COVERAGE INSURER A : <b>American Family Mutual Insurance Company</b>	
		NAIC # <b>19275</b>
INSURED <b>Shadow Mountain Villas Condominium</b> <b>c/o Vision Community Management</b> <b>16625 S Desert Foothills Pkwy</b> <b>Phoenix, AZ 85048</b>		
INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :		

<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 checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		910013861049	12/26/2021	12/26/2022	BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 BODILY INJURY \$ \$
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Business Owners Policy <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		910013861049	12/26/2021	12/26/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 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 \$ 500,000
	<input checked="" 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 \$ 10,000			910013963258	12/26/2021	12/26/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		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 & Officers	Y		910013861049	12/26/2021	12/26/2022

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

Property covered "As Built" excluding Betterments and Improvements - GRC  
 \$25,000 deductible with \$100,000 Water Deductible

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
<b>Vision Community Management</b> 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 <b>Courtney Montgomery</b>

This fact sheet is designed to assist you in purchasing your own insurance to coordinate with the master policy. Your personal insurance policy can be set up to cover the Master deductible.

## Shadow Mountain Villas Condominium Association of Phoenix

### Master Insurance Program



#### Key information regarding the association's master policy:

- The units are covered as originally built "As built"-Excludes betterments and improvements, as outlined in the Governing Documents.
- The Master Insurance deductible is \$25,000 with a \$100,000 per building water deductible and is assessed exclusively against units benefiting from the claim.

#### Key information regarding unit owner's insurance needs:

- You need a condominium owner's policy to provide coverage for your personal property, building property that is your responsibility, loss assessment, personal liability, and other coverages you deem necessary.
- Your policy should be written to cover the Master Insurance deductible as part of your unit-owners policy.

#### Certificate of Insurance

- If you refinance or sell your unit, insurance copies may be requested by your mortgage broker, realtor, or directly by you. We do not charge for copies of your insurance.

#### Claims

- If you feel that your association needs to file a claim on the master policy, notify Vision Community Management at 480-759-4945.

#### Claim mitigation partnership

- Personal insurance customers are eligible to receive 75% off a home protection kit (SmartCam, Leak Sensor Kit, Motion Kit) with a discount code, or the system can be purchased for a one-time \$109 charge.  
[www.hedgeprotect.com](http://www.hedgeprotect.com)

#### Deductible waiver program:

- The unitowners policy should be written to provide coverage for the Master Insurance deductible, up to \$25,000.
- Furthermore, if your personal policy is with American Family and there is a claim involving both policies, your personal deductible will be waived.



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