



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/10/2022

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 Mike Stapley Agency Inc 4850 E Baseline Rd Ste 101 Mesa, AZ 85206 (480) 503-4450 (072/404)	CONTACT NAME: Mike Stapley Agency Inc	
	PHONE: (480) 503-4450	FAX: (855) 557-8475
	E-MAIL ADDRESS: Mikestapleyagency@amfam.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED Union Hills Condominium Unit Owners Association c/o Vision Community Management 16625 S Desert Foothills Pkwy Phoenix, AZ 85048	INSURER A: American Family Mutual Insurance Company, S.I. 19275	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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	AUTOMOBILE LIABILITY	Y		910020773148	11/01/2022	11/01/2023	BODILY INJURY (Per person)
	<input type="checkbox"/> ANY AUTO						\$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)
	<input type="checkbox"/> SCHEDULED AUTOS						\$ 1,000,000
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$ 1,000,000
							BODILY INJURY
							\$
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y		910020773148	11/01/2022	11/01/2023	EACH OCCURRENCE
	<input type="checkbox"/> CLAIMS-MADE						\$ 1,000,000
	<input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
							\$ 100,000
							MED EXP (Any one person)
							\$ 5,000
							PERSONAL & ADV INJURY
							\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE
	<input checked="" type="checkbox"/> POLICY						\$ 2,000,000
	<input type="checkbox"/> PROJECT						PRODUCTS - COMP/OP AGG
	<input type="checkbox"/> LOC						\$ 2,000,000
	<input checked="" type="checkbox"/> OTHER Crime/Fidelity						\$10,000 Deductible
							\$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			910020773457	11/01/2022	11/01/2023	EACH OCCURRENCE
	<input type="checkbox"/> EXCESS LIAB						\$ 1,000,000
	<input type="checkbox"/> DED						AGGREGATE
	<input checked="" type="checkbox"/> RETENTION \$						\$ 1,000,000
	<input type="checkbox"/> OCCUR						
	<input type="checkbox"/> CLAIMS-MADE						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N					
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					
A	Directors & Officers	Y		910020773148	11/01/2022	11/01/2023	\$1,000,000 -- \$1,000 Deductible

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

Property covered at Replacement Cost, "As Built" - Excludes betterments and improvements - \$10,000 deductible.
Sewer Backup: \$250,000 limit / \$10,000 deductible.
Property Manager is included as Additional Insured on the GL, D&O and Crime/Fidelity.

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
	Michelle Cook

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.

Union Hills Condominium Unit Owners Association Master Insurance Program



Key information regarding the association's master policy:

- The units are covered "As Built" -Excludes betterments and improvements, as outlined in the Governing Documents.
- The Master Insurance deductible is \$10,000 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.

Deductible waiver program:

- The unitowners policy should be written to provide coverage for the Master Insurance deductible, up to \$10,000.
- 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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