

**CERTIFICATE OF LIABILITY INSURANCE**

American Family Insurance Company   
 American Family Mutual Insurance Company, S.I. if selection box is not checked.  
 6000 American Pky Madison, Wisconsin 53783-0001

Insured's Name and Address  
 Venu at Grayhawk Condominium Association  
 c/o Vision Community Management  
 16625 S Desert Foothills Pkwy  
 Phoenix, AZ 85018

Agent's Name, Address and Phone Number (Agt./Dist.)  
 Casey J Bell Agency, LLC  
 8325 W Happy Valley Rd Ste 110  
 Peoria, AZ 85383  
 (623) 580-4800 (136/411)

**This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder.  
 This certificate does not amend, extend or alter the coverage afforded by the policies listed below.**

COVERAGES				
TYPE OF INSURANCE	POLICY NUMBER	POLICY DATE		LIMITS OF LIABILITY
		EFFECTIVE (Mo, Day, Yr)	EXPIRATION (Mo, Day, Yr)	
<b>Homeowners/ Mobilehomeowners Liability</b>				Bodily Injury and Property Damage Each Occurrence \$ ,000
<b>Boatowners Liability</b>				Bodily Injury and Property Damage Each Occurrence \$ ,000
<b>Personal Umbrella Liability</b>				Bodily Injury and Property Damage Each Occurrence \$ ,000
<b>Farm/Ranch Liability</b>				Farm Liability & Personal Liability Each Occurrence \$ ,000
				Farm Employer's Liability Each Occurrence \$ ,000
<b>Workers Compensation and Employers Liability †</b>				Statutory *****
				Each Accident \$ ,000
				Disease - Each Employee \$ ,000
				Disease - Policy Limit \$ ,000
<b>General Liability</b> <input checked="" type="checkbox"/> Commercial General Liability (occurrence) <input type="checkbox"/> <input type="checkbox"/>	91001-61435-62	03/16/2023	03/16/2024	General Aggregate \$ 4,000,000
				Products - Completed Operations Aggregate \$ 4,000,000
				Personal and Advertising Injury \$ 2,000,000
				Each Occurrence \$ 2,000,000
				Damage to Premises Rented to You \$ 100,000
				Medical Expense (Any One Person) \$ 5,000
<b>Businessowners Liability</b>				Each Occurrence†† \$ ,000
				Aggregate†† \$ ,000
<b>Liquor Liability</b>				Common Cause Limit \$ ,000
				Aggregate Limit \$ ,000
<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 Auto <input checked="" type="checkbox"/> Nonowned Autos <input type="checkbox"/>	91001-61435-62	03/16/2023	03/16/2024	Bodily Injury - Each Person \$ ,000
				Bodily Injury - Each Accident \$ ,000
				Property Damage \$ ,000
				Bodily Injury and Property Damage Combined \$ 2,000,000
<b>Excess Liability</b> <input checked="" type="checkbox"/> Commercial Blanket Excess <input type="checkbox"/>	91002-46733-65	03/16/2023	03/16/2024	Each Occurrence/Aggregate \$ 10,000,000

**Other (Miscellaneous Coverages)**  
 IHG/CNA\_Policy # 618848741\_D&O Limits \$1,000,000 Deductible:\$1000\_Crime/Fidelity \$1,000,000 Deductible:\$1000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS  
 Association has 388 units. Policy is Special Form, Building Coverage (bare walls) with Guaranteed Replacement Cost \$61,214,000-  
 Auxiliary Bldg/Structures \$550,000 - Building Deductible \$15,000. Ordinance or Law Coverage A: \$61,214,000 Coverage B&C:  
 combined \$300,000 per Bldg - Sewer Backup \$100,000 per Bldg - Deductible \$15,000 - Business Personal Property \$510,000  
 Workers Comp "If Any" PMA Insurance Group/ Policy # 2023011068824Y  
 Each Accident \$1,000,000 Disease-Each Employee \$1,000,000 Disease-Policy Limit /\$1,000,000

†The individual or partners  Have shown as insured elected to be covered under this policy.  Have not  
 ††Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate.

CERTIFICATE HOLDER'S NAME AND ADDRESS	CANCELLATION
Additional Insured:  Vision Community Management 16625 S Desert Foothills Pkwy Phoenix, AZ 85048	<input checked="" type="checkbox"/> Should any of the above described policies be cancelled before the expiration date thereof, the company will endeavor to mail *( 30 days) written notice to the Certificate Holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. *10 days unless different number of days shown. <input type="checkbox"/> This certifies coverage on the date of issue only. The above described policies are subject to cancellation in conformity with their terms and by the laws of the state of issue.
DATE ISSUED 03/16/2023	AUTHORIZED REPRESENTATIVE Casey Bell