



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/29/2017

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).

<b>PRODUCER</b> Tryna Hoerge-Owens Agency American Family Insurance Michael Kilzer -- Commercial Lines 3303 S Lindsay Rd Ste 114 Gilbert AZ 85297	<b>CONTACT NAME:</b> American Family Insurance <b>PHONE (A/C No., Ext):</b> 480-775-3937 <b>E-MAIL ADDRESS:</b> thoerger@amfam.com <b>FAX (A/C, No):</b> 480-775-4058																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>American Family Insurance Company SI</td> <td>19275</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	American Family Insurance Company SI	19275	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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<b>INSURED</b> The Heights At Glenrosa Condominiums Owners Association C/O Vision Community Management 16625 S Desert Foothills Pkwy Phoenix AZ 85048																					

**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	02XE642701	10/06/2017	10/06/2018	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
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		02XE642701	10/06/2017	10/06/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<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				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Property			02XE642701	10/06/2017	10/06/2018	Deductible \$5,000    \$ 12,341,669*

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

\*Residential Buildings Are Covered At Guaranteed Replacement Cost, Coverage Is Replacement Cost Protection Without Regard To Limit Of Insurance.

Property Settlement Option Is "Single Entity" -- Original Construction Cost Excluding Betterments And Improvements.

Vision Community Management Listed As Additional Insured.

<b>CERTIFICATE HOLDER</b> Vision Community Management 16625 S Desert Foothills Pkwy Phoenix AZ 85048	<b>CANCELLATION</b> 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 <i>Michael G Kilzer</i>
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<b>PRODUCER</b> American Family Brokerage Inc 6000 American Parkway  Madison WI 53783	<b>CONTACT NAME:</b> Tryna M Hoerger-Owens <b>PHONE (A/C, No, Ext):</b> (480) 775-3937 <b>E-MAIL ADDRESS:</b> thoerger@amfam.com	<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  The Heights at Glenrosa Condominiums Owners Association c/o Vision Community Management 16625 S Desert Foothills Pkwy Phoenix AZ 85048	<b>INSURER A:</b> Continental Casualty Company	<b>NAIC #</b> 20443
	<b>INSURER B:</b> Continental Insurance Company	35289
	<b>INSURER C:</b> Pennsylvania Manufacturers Indemnity	12262
	<b>INSURER D:</b> The Hartford Steam Boiler Inspection & Ins Comp	29890
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> D&O Limits \$2,000,000 Agg. <input checked="" type="checkbox"/> D&O Ded \$2,500  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		618751507	10/06/2017	10/06/2018	EACH OCCURRENCE \$
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$						
	MED EXP (Any one person) \$						
	PERSONAL & ADV INJURY \$						
							GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$
							\$
	<b>AUTOMOBILE LIABILITY</b>  <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$			CUE6046285839	10/06/2017	10/06/2018	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 5,000,000
							\$
C	<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	2017010926758Y	10/06/2017	10/06/2018	PER STATUTE OTH-ER
							E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Community Association Crime	Y		618751507	10/06/2017	10/06/2018	Limits- \$400,000 Ded. \$1,000


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

**D** - Equipment Breakdown POLICY# FBP2363090 10/06/2017 -- 10/16/2018 Limits -- \$12,602,969 -- \$1,000 Ded

CRIME coverage includes: Employee Dishonesty; Forgery or Alteration; Theft, Disappearance and Destruction; and Computer Fraud and Wire Transfer Fraud

Vision Community Management is listed as additional insured on Crime and D&O

**CERTIFICATE HOLDER****CANCELLATION**

Vision Community Management 16625 S Desert Foothills Parkway  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 
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*Your American Family Agent*  
TRYNA M. HOERGER-OWNENS  
3303 SOUTH LINDSAY ROAD, SUITE 114  
GILBERT, ARIZONA 85297  
OFF: 480-775-3937 FAX: 480-775-4058  
E-MAIL: [thoerger@amfam.com](mailto:thoerger@amfam.com)

## **THE HEIGHTS AT GLENROSA CONDOMINIUMS OWNERS ASSOCIATION**

We are the insurance Agency that carries the Master Policy for your Association. We want to assist all unit owners by providing information that will prove useful in determining appropriate coverages for your individual unit owner's policy.

Your Association's CC&Rs require the "single entity" property settlement option. This means that claims will be settled based on original construction design, less the deductible chosen by the board.

The Policy does not cover any: betterments or improvements made to a unit, personal property, personal liability, or loss of use associated with a claim. Therefore, unit owners should carry an HO6 policy or other appropriate Unit Owners coverage.

Some recommended coverages:

- Dwelling Limits- Sufficient to cover the Master Policy deductible and all upgrades (betterments and improvements) made to your unit.
- Personal Property – **Please contact our office for a comprehensive inventory check list designed to help determine appropriate limits.**
- Personal Liability- We recommend a minimum of \$1Million; higher limits are available through a personal umbrella policy.
- Rental Unit Coverage- **CC&Rs can create loss exposures not covered by basic rental property policies. Please check your policy for appropriate endorsements.**

**PLEASE CALL US** -- or have your current unit owner's insurance agent call us -- with any questions you may have.

**We also provide policies for Unit Owners, including coverage for rental properties. American Family HO6 Policy Holders may have their real property deductible waived for a covered loss if we also insure their Association at the time of loss!**

American Family Representatives are hired to deliver its corporate promise: "We are dedicated to inspiring, protecting, and restoring our customers' dreams." All of us at the Tryna Hoerger-Owens Agency are dedicated to doing our job.

Thank you for choosing American Family – we look forward to serving you!

American Family Mutual Insurance Company, S.I. & Its Operating Companies, 6000 American Parkway, Madison, WI 53783

