



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/14/2022

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 Kathryn Owens 3303 S Lindsay Rd Ste 114 Gilbert, AZ 85297 (480) 775-3937 (143/405)	CONTACT NAME: Tryna M Hoerger-Owens PHONE A/C No. Ext): (480) 775-3937	FAX (A/C. No): (480) 775-4058
	E-MAIL ADDRESS: thoerger@amfam.com	
INSURER(S) AFFORDING COVERAGE INSURER A : American Family Mutual Insurance Company, S.I.		NAIC # 19275
INSURED Thunderbird Paseo Condominium Association C/O Vision Community Management 16625 S Desert Foothills Parkway Phoenix, AZ 85048	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
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____	X		02XE560202	07/15/2022	07/15/2023	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ BODILY INJURY \$ COMBINED SINGLE LIMIT \$ 2,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER _____	X	X	02XE560202	07/15/2022	07/15/2023	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 \$
	<input 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 \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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 \$

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

American Family Insurance Real Property Coverage \$31,134,409
Includes Guaranteed Replacement Cost, subject to a \$10,000 deductible.
Property settlement option is "single entity". Building Coverage is provided as required by the CC&R's and By-Laws of the HOA.

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 Kathryn Owens



CERTIFICATE OF LIABILITY INSURANCE

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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		CONTACT NAME: Kathryn M Owens	
American Family Brokerage Inc		PHONE (A/C, No, Ext): (480) 775-3937	FAX (A/C, No):
6000 American Parkway		E-MAIL ADDRESS: thoerger@amfam.com	
Madison WI 53783		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Continental Casualty Company	
		INSURER B: Manufacturers Alliance Insurance Company	
		INSURER C: Continental Casualty Company	
		INSURER D: Hartford team Boiler	
		INSURER E:	
		INSURER F:	
INSURED			
Thunderbird Paseo Condominium Association			
16625 S Desert Foothills Parkway			
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
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR						AGGREGATE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						\$
	DED						RETENTION \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A	202101-09-16-52-8Y	07/15/2022	07/15/2023	E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	D&O			0619093248	07/15/2022	07/15/2023	\$1,000,000

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

Coverage Continued. C Crime Coverage Policy number 618742399 Eff 7/15/2022 to 7/15/2023 Crime Limit \$500,000 with \$2500.00 deductible Crime Coverage includes Employee Dishonesty, Forgery or Alteration: Theft: Disappearance and Destruction, Computer fraud and wire Transfer Fraud. Vision Community Management is listed as an Additional insured on Crime and D&O

Coverage Continued. D: Equipment Breakdown: FBP2362413 Effective 7/15/21 to 7/15/2023 Limit \$25,650,000 Ded \$1,000

CERTIFICATE HOLDER**CANCELLATION**

Vision Community Management 16625 S Desert Foothills Parkway Phoenix AZ 85048	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> 
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All your protection under one roof

Your American Family Agent

TRYNA M. HOERGER-OWENS
3303 SOUTH LINDSAY ROAD, SUITE 114
GILBERT, ARIZONA 85296
OFF: 480-775-3937 • FAX: 480-775 -4058
E-MAIL: thoerger@amfam.com

Thunderbird Paseo Condominium Unit Owners

The Thunderbird Paseo Board of Directors has chosen American Family Insurance Company--Tryna Hoerger-Owens Agency -- to provide coverage for the association's master insurance policy for the term 07/15/2022 to 07/15/2023. The common elements, limited common elements, and units are covered based on original condominium plans and specifications subject to the deductible chosen by the board, which is \$10,000 per occurrence.

Changing the master policy insurance company does not in any way change the property settlement option stated in the association's CC&Rs and adopted resolution(s). Your association uses the "single entity" settlement option which covers virtually all **real property**, including fixtures in individual units. This coverage does not include any structural improvements, betterments, or additions that an individual unit owner has made. The unit owner/tenant is responsible for coverage for his or her **personal property** - along with any betterments and improvements - under the HO6 or applicable unit owner's/tenant form.

The association's master policy deductible may be waived when assessed to an individual unit owner insured under an American Family HO6 unit owners policy when: (The following italicized language is taken directly from the American Family HO6 sample policy HO 80 06 01 14 Page 15 of 25, 5-g.): *No deductible applies to a covered loss to items of real property that: (1) are located on and pertain solely to the **residence premises**; and (2) you are responsible for insuring according to the condo declaration when: (a) there is covered property damage to the condo building that the condo unit is located in; and (b) we insure the condo association at the time of loss.*

American Family corporate policy strictly adheres to applicable state and federal privacy/do not contact laws and regulations. To avoid even the perception of violating this policy, no representative from the Tryna Hoerger-Owens Agency will initiate any form of contact with any unit owner of the association regarding their personal insurance needs. If you are interested in learning more about this valued added benefit provided by the American Family HO6 policy, please email Tryna Hoerger-Owens at THOERGER@amfam.com The application process and policy placement for qualified individuals can typically be completed via telephone. If for any reason a personal visit with an agent is required, a day or evening appointment at your home can be arranged.

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. and Its Operating
ComiflllaHMes. 6000 American Parkway, Madison WI 53783 #003791 07/17