### CERTIFICATE OF LIABILITY INSURANCE

American Family Insurance Company 
American Family Mutual Insurance Company if selection box is not checked.

6000 American Pky Madison, Wisconsin 53783-0001

Insured's Name and Address Twelve Palms Association Inc. 16625 S Desert Foothills Pkwy Phoenix, AZ 85048

16625 S. Desert Foothills Pkwy

Phoenix, AZ 85048

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** This is to certify that 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 **POLICY DATE TYPE OF INSURANCE POLICY NUMBER** LIMITS OF LIABILITY EXPIRATION (Mo, Day, Yr) Homeowners/ Bodily Injury and Property Damage Mobilehomeowners Liability ,000 \$ Bodily Injury and Property Damage **Boatowners Liability** Each Occurrence \$ 000 Bodily Injury and Property Damage Personal Umbrella Liability .000 Each Occurrence \$ Farm Liability & Personal Liability Each Occurrence \$ ,000 Farm/Ranch Liability Farm Employer's Liability Each Occurrence \$ 000, Statutory \*\*\*\*\*\*\*\*\*\* Workers Compensation and Each Accident \$ ,000 **Employers Liability †** Disease - Each Employee \$ 000, Disease - Policy Limit \$ .000 \$ 2,000,000 General Aggregate **General Liability** 2,000,000 Products - Completed Operations Aggregate \$ Commercial General Liability (occurrence) Personal and Advertising Injury \$ 1,000,000 91002-43127-55 03/17/2022 03/17/2023 1,000,000 Each Occurrence \$ 100,000 Damage to Premises Rented to You \$ 5,000 Medical Expense (Any One Person) \$ \$ ,000 Each Occurrence †† **Businessowners Liability** Aggregate † † \$ 000, Common Cause Limit \$ ,000 **Liquor Liability** Aggregate Limit \$ ,000 **Automobile Liability** Bodily Injury - Each Person \$ ,000 ☐ Any Auto Bodily Injury - Each Accident \$ ,000 ☐ All Owned Autos 91002-43127-55 03/17/2022 03/17/2023 ☐ Scheduled Autos Property Damage \$ 000 Hired Auto ■ Nonowned Autos Bodily Injury and Property Damage Combined \$ 1,000,000 **Excess Liability** ☐ Commercial Blanket Excess \$ ,000 Each Occurrence/Aggregate Other (Miscellaneous Coverages) American Family Insurance - Policy # 91002-43127-55 - D&O Limit \$1,000,000 - Deductible \$1000 - CRIME/FIDELITY - \$100,000-\$1000 Deductible DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS **†**The individual or partners Have Association has 14 units. Special Form Building Coverage (Bare Walls) with Guaranteed Replacement Cost \$2,064,048, Auxiliary shown as insured elected to Bldg/Structures \$150,000. Building Deductible \$5,000. Ordinance or Law Coverage A: \$2,064,048 Coverage B&C: combined be covered under this policy. Have not \$300,000 per Bldg - Sewer Backup \$100,000 per Bldg - Business Personal Property \$15,000 ++Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate. Vision Community Management is additionally insured on GL, D&O & Crime. **CERTIFICATE HOLDER'S NAME AND ADDRESS CANCELLATION** 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 Vision Community Management

U-201 Ed. 5/00 Stock No. 06668 Rev. 7/02

shown

DATE ISSUED

03/17/2022

This certifies coverage on the date of issue only. The above described policies are

Casev Bell

AUTHORIZED REPRESENTATIVE

subject to cancellation in conformity with their terms and by the laws of the state of issue.



# American Family Insurance Casey J. Bell Agency, LLC

8325 W Happy Valley Rd, Peoria, AZ 85383 Phone # 623-580-4800 / Fax # 623-587-5879 Email: cbagency@amfam.com

## **Twelve Palms Association Inc.**

### 2022-2023 Unit Owner Insurance Letter

At the request of your Board of Directors, American Family Insurance has been selected to insure the Master Insurance Policy for your Association. We have enclosed a Certificate of Insurance for your review and records.

The Association's Master Policy covers many of the insurance needs for each Unit Owner. However, every Unit Owner that lives in their unit needs to have a personal HO-6 condominium policy for those items not covered by the Master Policy. If you own a unit but do not reside in it, or are renting a unit, please contact your personal insurance agent to discuss policy options to make sure you are adequately covered in the event of a loss.

In the event of a Master Policy covered loss, the association's property insurance will cover the commonly owned structure components of the buildings plus all other HOA owned area property and will pay to restore damaged units up through studs. This is called a Bare Walls policy. In case of a loss, each unit owner will be responsible to restore their unit's interior including unfinished drywall, paint, floor coverings, cabinets, baseboards, fixtures, applications, heating and a/c equipment, personal property and personal liability coverage. The deductible will continue to be \$5,000 per occurrence for this policy term.

### A Unit Owner's personal HO-6 condominium insurance policy should include the following:

- Coverage for Unit Owner's personal property, including theft of property.
- Coverage for damaged property (claims) falling below the \$5,000 deductible, and coverage for what is excluded from the Master Policy.
- Mold Coverage is excluded under the Master Policy, but some personal policies offer this coverage for an additional premium. Please check with your agent for limits and rates.
- A Loss Assessment Endorsement. This provides coverage in the event you as a Unit Owner are assessed by the Association for a covered loss.
- Coverage for the Unit Owner's personal liability.
- Additional Living Expenses/Loss of Use/Loss of Rents.
- Any other coverage you and your personal insurance agent deem necessary.

The amount of coverage and/or policy limits on the unit owner's personal policy is to be determined by the Unit Owner and his/her personal insurance agent. If you own a unit but do not reside in it, or are renting a unit, please contact your personal insurance agent to discuss policy options.

We strongly recommend that you contact your personal insurance agent and review your Association's CC&R's to make sure you are adequately insured in the event of a loss. If you do not have an HO-6 condominium policy or would like a competitive quote, please feel free to contact our personal lines department at the number below.

\*Deductible Waiver Program\*- If there is a covered loss under the HOA Policy & Unit Owner Policy and the Unit Owner is insured with American Family Insurance we'll WAIVE the Unit Owners Property deductible and Loss Assessment deductible since we insure the association.

Who To Call:

Account Manager: Casey J. Bell Agency, LLC 623-580-4800

Certificates of Insurance: cbagency@amfam.com Personal Lines Quotes:Teresa Weber 623-580-4800