

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/24/2022

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 have ADDITIONAL INSURED provisions or 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).

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PRODUCER		CONTACT NAME:			
LaBarre/Oksnee Insurance 30 Enterprise, Suite 180		PHONE (A/C, No, Ext): 800-698-0711 FAX (A/C, No): 949-5	88-1275		
Aliso Viejo CA 92656		E-MAIL ADDRESS: info@hoa-insurance.com			
		INSURER(S) AFFORDING COVERAGE	NAIC#		
		INSURER A: Accelerant Specialty Insurance	16890		
NSURED	SCOTTER	INSURER B: Fireman's Fund Insurance Co.	21873		
Scottsdale Terrace Condo Assoc c/o Vision Community Mgt 16625 S Desert Foothills Pkwy Phoenix AZ 85048		INSURER C: PMA Insurance Group	12262		
		INSURER D: Continental Casualty Company	20443		
		INSURER E:			
		INSURER F:			
COVERAGES	<b>CERTIFICATE NUMBER:</b> 1580694216	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.

ISR TR	TYPE OF INSURANCE	ADDL S	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	X COMMERCIAL GENERAL LIABILITY	Y	S0001PK000006-00	2/1/2022	2/1/2023	EACH OCCURRENCE DAMAGE TO RENTED	\$1,000,000
	CLAIMS-MADE X OCCUR					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	\$2,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:						\$
A	AUTOMOBILE LIABILITY		S0001PK000006-00	2/1/2022	2/1/2023	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
3	X UMBRELLA LIAB X OCCUR		USL01482121U-4316-9	2/1/2022	2/1/2023	EACH OCCURRENCE	\$2,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$2,000,000
	DED RETENTION\$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$
(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
A C D	Property Crime/Fidelity Directors & Officers	Y	S0001PK000006-00 4122011062447Y 618714103	2/1/2022 2/1/2022 2/1/2022	2/1/2023 2/1/2023 2/1/2023	\$5,000/\$25,000 Ded \$5,000 Deductible \$1,000 Deductible	\$9,020,139 \$100,000 \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Condominium Association consists of 96 units. Located in Scottsdale, AZ.

Management Company is Additionally Insured on the General Liability, D&O Liability, and Fidelity/Crime.

See 2nd page of certificate of insurance for further coverage information.

See Attached..

CERTIFICATE HOLDER	CANCELLATION
Vision Community Management	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
16625 S Desert Foothills Pkwy Phoenix AZ 85048	AUTHORIZED REPRESENTATIVE

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AGENCY (	CUSTOMER ID:	SCOTTER-01
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LOC #:



### **ADDITIONAL REMARKS SCHEDULE**

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AGENCY LaBarre/Oksnee Insurance		NAMED INSURED Scottsdale Terrace Condo Assoc c/o Vision Community Mgt		
POLICY NUMBER	16625 S Desert Foothills Pkwy Phoenix AZ 85048			
CARRIER	NAIC CODE			
		EFFECTIVE DATE:		
ADDITIONAL REMARKS				
THIS ADDITIONAL DEMARKS FORM IS A SCHEDUL E TO ACORD FORM				

ADDITIONAL REMARKS				
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,				
	25	FORM TITLE: CERTIFICATE OF LIABILITY INSU	RANCE	
Bare Walls (Interior Cov	orogo E	(voluded)		
Coverage Includes:   Special Form with 100%	Replac	cement Cost		
Wind/Hail				
Building Ordinance or La	aw A+B-	+C		
Severability of Interest /	nits are Separat	reviewed yearly to ensure 100% Replacement Cost tion of Insureds		
Waiver of Rights of Reco	overy			
D&O is a Claims-Made F	Policy	eement Cost +C reviewed yearly to ensure 100% Replacement Cost tion of Insureds		



## LaBarre/Oksnee Insurance

#### **Scottsdale Terrace Condominium Association**

The Association maintains a master insurance policy to insure the exterior of the buildings. This coverage is **BARE WALLS** only per the association's CC&R'S. Homeowners are responsible for insuring the interior of their unit. An example of the Perils covered on the master insurance policy include wind, hail, lightening, fire, vandalism, malicious mischief, explosion, and sudden and accidental water damage. There are certain **exclusions, including but not limited to: flooring, wall coverings, fixtures, ceilings, countertops and cabinets, betterments & improvements, upgrades, your personal property, standard maintenance items, items damaged by normal wear and tear or pest (vermin) damage and subsidence. <b>The Association policy carries a \$25,000 Water Damage/Sewer Deductible and a \$5,000 All Other Property Damage Deductible** which, depending on the circumstances of the loss, could be your responsibility as the homeowner.

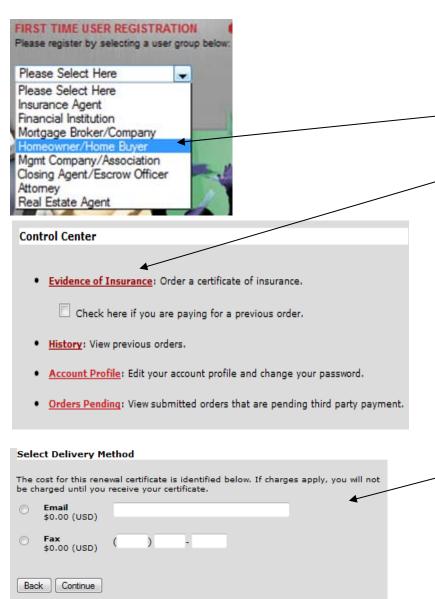
#### What Insurance Coverage does a Unit Owner Need?

- Personal Property coverage WITH replacement cost covering your personal belongings as the master association policy does not cover for Unit Owner's personal property.
- Unit Interior, Additions and Alterations can be covered on your personal policy when the association's
  policy does not pick up coverage from this Bare Wall policy. The interior, including walls, floors, ceilings,
  counters, countertops, fixtures, improvements or upgrades to your Unit should be covered by you as an
  owner to cover any gaps in coverage in the event of loss.
- Please be sure to inform your personal insurance agent that the HOA policy excludes coverage for the
  interior of the unit. Also, please be sure to notify your personal insurance agent that this association
  carries a \$25,000 Water Damage/Sewer Deductible and a \$5,000 All Other Property Damage Deductible so
  that you are covered in the event you are responsible for that Deductible or loss sustained within your
  Unit that is less than the Deductible.
- Loss of Use will pay the unit owners living expense while the unit is not inhabitable due to an insured loss. If your condo is rented out, this coverage will be replaced with Loss of Rents coverage.
- Loss Assessment will pay the owners share of a special assessment levied due to an insured loss exceeding the associations master policy limits.
- Personal Liability pays for bodily injuries to other people or damage to their property if you are liable
  resulting from unintentional acts committed by qualified family members including sporting activities and
  acts of your pets.

Be sure to review this with your personal insurance agent today, or if you would like a competitive quote, call our Personal Lines Expert, **Tina Terrell**, direct at **949-215-9803** or **(800) 698-0711 Ext. 203**. Thank you!

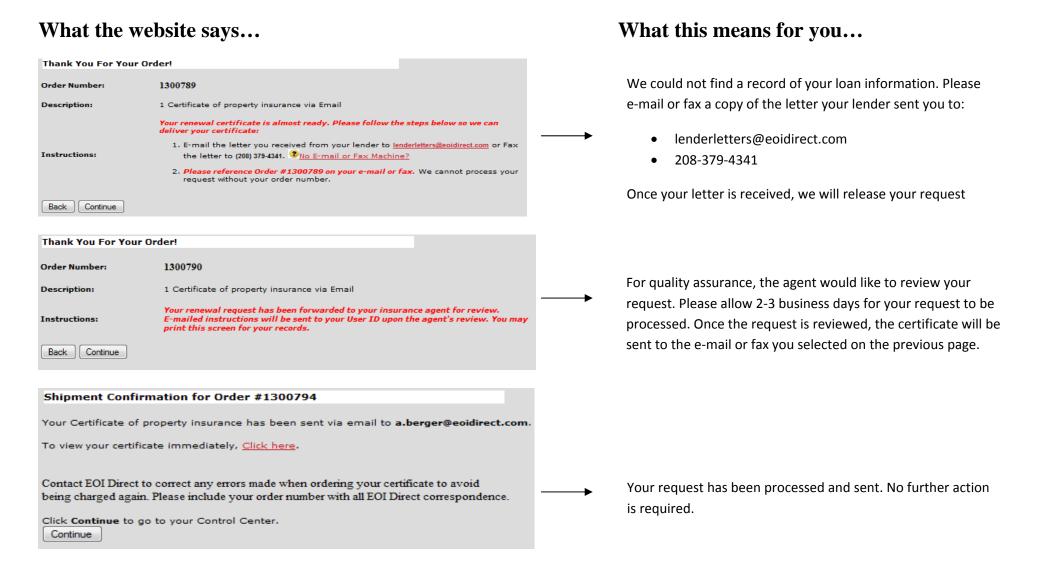


## Renewal Certificate Instructions for Homeowners & Management Co.



- 1. Visit eoidirect.com
- 2. Register as a First Time User
- 3. Log into your account.
- 4. Click on "Evidence of Insurance".
- 5. Search for your condominium name
- 6. Select your association, "Continue".
- 7. Choose the 4<sup>th</sup> option that indicates you received a letter from your lender, "Continue".
- 8. Fill in the Homeowner's last name and loan number, "Continue".
- 9. Fill out all required fields for Homeowner and Lender, "Continue".
- 10. Confirm the order information, "Continue"
- 11. Select delivery method where you would like the certificate sent.

# After selecting the delivery method where you want the Certificate of Insurance sent, you will see 1 of 3 sets of instruction. Proceed accordingly.



For assistance with the website, please contact EOIDirect Monday-Friday 7:00am-6:00pm MST at 877-456-3643