

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/27/2021

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).

th	is certificate does not confer rights to	o the	certi	ificate holder in lieu of su).					
PRODUCER						CONTACT NAME:						
LaBarre/Oksnee Insurance						PHONE (A/C, No, Ext): 800-698-0711 FAX (A/C, No): 949-588-1275						
30 Enterprise, Suite 180 Aliso Viejo CA 92656						E-MAIL ADDRESS: proof@hoa-insurance.com						
						INSURER(S) AFFORDING COVERAGE NAIC #						
					INSURER A: American Alternative Ins Co.						19720	
INSU				LOSOLIV-04	INSURER B: PMA Insurance Group						12262	
	s Olivos Hermoso Townhome Assn Vision Community Mgmt	INSURER C:										
166	625 S. Desert Foothills Pkwy				INSURER D:							
Ph	oenix AZ 85048-9927	INSURER E :										
					INSURER F:							
				NUMBER: 550222002				REVISION NUM				
IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY F	OR OTHER DESCRIBED PAID CLAIMS.	OCUMENT WITH	RESPEC	T TO V	WHICH THIS			
INSR LTR TYPE OF INSURANCE		ADDL SUBR INSD WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		S			
Α	X COMMERCIAL GENERAL LIABILITY	Υ		CAU505832-4	1/1/2022	1/1/2023	EACH OCCURRENCE \$1		\$1,000	,000		
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)		\$1,000,000		
								MED EXP (Any one person)		\$ 5,000		
								PERSONAL & ADV I	NJURY	\$ 1,000	,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ATE	\$		
	POLICY PRO- LOC							PRODUCTS - COMP	P/OP AGG	\$ 1,000	,000	
	OTHER:			0.411505000.4		4/4/0000	4/4/0000	COMBINED SINGLE	LIMIT	\$ 000	000	
A AUTOMOBILE LIABILITY ANY AUTO OWNED OWNED OWNED AUTOS ONLY AUTOS AUTOS AUTOS				CAU505832-4		1/1/2022	1/1/2023	(Ea accident)	\$ 1,000,000		,000	
								BODILY INJURY (Pe		· / ·		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAG	- 1	nt) \$		
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
	UMBRELLA LIAB OCCUP							5.0U.000UDD510		-		
EXCESS LIAB OCCUR CLAIMS-MADE								EACH OCCURRENC	ΣE	\$		
	CLAIWS-WADL							AGGREGATE		\$		
В	DED RETENTION \$ WORKERS COMPENSATION			2022014871596		1/1/2022	1/1/2023	X PER STATUTE	отн-	φ		
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE								'	STATUTE ER \$500,000		00	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA E				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL		\$ 500,0		
A	Property			CAU505832-4		1/1/2022	1/1/2023	\$2,500/\$5,000 Ded		\$16,2	75,000	
A A	Crime/Fidelity Bond Directors & Officers	Y		CAU505832-4 CAU505832-4		1/1/2022 1/1/2022	1/1/2023 1/1/2023	\$0 Deductible \$0 Deductible		\$150, \$1,00		
НО	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL A consists of 76 units. Located in Phoel nagement Company is Additionally Insur	nix, À	Z.					ed)	,			
See	e 2nd page of certificate of insurance for	furth	er co	verage information.								
See	e Attached											
CE	RTIFICATE HOLDER				CANO	ELLATION						
Vision Community Management, LLC 16625 S. Desert Foothills Pkwy					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
Phoenix AZ 85048					AUTHORIZED REPRESENTATIVE							

USA

AGENCY	CUSTOMER ID:	LOSOLIV-04
--------	---------------------	------------

LOC #:

R
ACORD

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY LaBarre/Oksnee Insurance		NAMED INSURED Los Olivos Hermoso Townhome Assn c/o Vision Community Mgmt 16625 S. Desert Foothills Pkwy Phoenix AZ 85048-9927					
POLICY NUMBER							
CARRIER	NAIC CODE						
		EFFECTIVE DATE:					
ADDITIONAL REMARKS							
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO AC	ORD FORM,						
FORM NUMBER: 25 FORM TITLE: CERTIFICATE C	OF LIABILITY I	NSURANCE					
All In (Walls In, Including Improvements)							
Coverage Includes: Special Form with 100% Guaranteed Replacement Cost							
Mind/Hail							
Equipment Breakdown							
Inflation Guard and/or limits are reviewed yearly to ensure 100%	Replacement (Cost					
Severability of Interest / Separation of Insureds							
Equipment Breakdown Building Ordinance or Law A+B+C Inflation Guard and/or limits are reviewed yearly to ensure 100% Severability of Interest / Separation of Insureds Waiver of Rights of Recovery No Co-Insurance							
D&O is a Claims-Made Policy							



LaBarre/Oksnee Insurance

Los Olivos Hermoso Townhome Association

Your Association is insured through LaBarre/Oksnee Insurance

The Association maintains a master insurance policy to insure the buildings and finished interiors (including fixtures, all built-in or set-in appliances, cabinets, countertops and initial basic floor coverings as initially installed per the original plans and specifications, including upgrades) for Property Damage. Examples of the Perils you are insured for include wind, hail, lightening, fire, vandalism, malicious mischief, explosion, and sudden and accidental water damage. There are certain exclusions such as your personal property, standard maintenance items, items damaged by normal wear and tear or pest (vermin) damage. The Association policy carries a Property Deductible of \$5,000 Water Damage Deductible and a \$2,500 All Other Peril 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.
- Coverage is provided for the building and the condominium unit for covered causes of loss, subject to the deductible. Coverage is provided back to original specifications and includes betterments and improvements.
- Please be sure to notify your personal insurance agent that this association carries a \$5,000 Water Damage Deductible and a \$2,500 All Other Peril Property 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 touch base with your personal insurance agent today to ensure you are properly insured, or if you would like a competitive quote you can call our Personal Lines Expert, **Tina Terrell**, direct at **949-215-9803**. Thank you!







EOI Instructions for Homeowners: How to Obtain Proof of Renewal for Lender

Go to www.EOIDirect.com

- Under First-Time Users, select Homeowner/Home Buyer from the drop-down
 -Continue
- Enter your email and create a password
- Next to the "I am A", select Homeowner/ Home Buyer from the drop-down
 -Continue

<u>Homeowner/ Home Buyer Registration</u>:

Fill-out and complete homeowner's information

-Save and Continue

User Service Agreement:

Review terms (some will not apply to homeowners)

-Accept and Continue

Successfully Registered:

-Continue → You will be transferred to the <u>Log-In Screen</u>
Under 'Existing Users,' enter your newly created username and password

Control Center Screen:

Click on the words "Evidence of Insurance": Order a Certificate of Insurance Fill in Homeowners Association Name and Select State**

- **You will need to know the association's legal name
- -Continue

Next, select the association that best matches

-Continue

Homeowners/ Homebuyers Reason for Certificate:

Select I have received a letter from my lender requesting an annual update of my insurance policy. (Your lender may indicate they will be purchasing, or have purchased, insurance on your behalf).

-Continue

Next, you will be asked to input *Borrowers Last Name and Loan Number* to locate your account. If the system does not find your lender's information, then you will be given the opportunity to input that information.

-Fill in required fields and click Continue

Select Delivery Method:

Select preferred method of delivery.

Email or Fax options will both be free of charge.

-Continue

Lastly, write the order number at the top of the Lenders Request letter and fax to (208) 379- 4341.

A copy of the Certificate of Liability with the updated mortgagee clause will be sent to your lender, in addition to you as requested.