

ASANCHEZ

1,000,000

1,000,000



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/6/2023

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).											
PRODUCER						CONTACT NAME:					
Socher Insurance Agency, Inc. 7901 Stoneridge Drive, Suite 403					PHONE (A/C, No, Ext): (877) 317-9300 FAX (A/C, No): (877) 3				17-9305		
Pleasanton, CA 94588						E-MAIL ADDRESS: info@hoainsurance.net					
						INSURER(S) AFFORDING COVERAGE					
						INSURER A : (STANDARD) Accelerant National Insurance Company 10220					
INSURED						INSURER B : PMA Insurance Group					
Villa Santa Fe Homeowners Association						INSURER C: Continental Casualty Company					
Vision Community Management 16625 S Desert Foothills Pkwy					INSURER D:						
Phoenix, AZ 85048						INSURER E :					
					INSURER F:						
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.											
NSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY NUMBER POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS		rs				
Α	X COMMERCIAL GENERAL LIABILITY	nto_				(IIIII) DD, 11111	(MINIOS)	EACH OCCURRENCE	\$	2,000,000	
Ì	CLAIMS-MADE X OCCUR			N030PK0956-00		11/1/2023	11/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
								MED EXP (Any one person)	\$	5,000	
Ī								PERSONAL & ADV INJURY	\$	2,000,000	
Ī	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	4,000,000	
Ī	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	4,000,000	
Ī	OTHER:								\$		
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	

11/1/2024 ANY AUTO N030PK0956-00 11/1/2023 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY Χ NON-OWNED AUTOS ONLY **UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB** CLAIMS-MADE **AGGREGATE** DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE 11/1/2023 11/1/2024 1,000,000 202301-13-58-62-1Y ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Please see Certificate of Property, Acord 24, for building values.

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CERTIFICATE HOLDER	CANCELLATION
For Informational Purposes Only	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

If yes, describe under
DESCRIPTION OF OPERATIONS below

Directors & Officers

E.L. DISEASE - POLICY LIMIT

Ded: \$1,000

11/1/2024

11/1/2023