THEGREA-01 DFANG

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/22/2024

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 Pleasanton, CA 94588	PHONE (A/C, No, Ext): (877) 317-9300	FAX (A/C, No): (877) 317-9305
	E-MAIL ADDRESS: info@hoainsurance.net	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : (SURPLUS) Accelerant Specialty Insurance Company	
INSURED	INSURER B : Federal Insurance Company	
The Greater Granville Homeowner's Association, Inc. RealManage Family Of Brands | Vision Community Manageme 16625 S Desert Foothills Pkwy, Phoenix, AZ 85048	INSURER C : Continental Casualty Company	
	INSURER D :	
	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			S0001PK000531-00	2/1/2024	2/1/2025	DAMAGE TO RENTED 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						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			S0001PK000531-00	2/1/2024	2/1/2025	BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 3,000,000
	EXCESS LIAB CLAIMS-MADE			G74685833	2/1/2024	2/1/2025	AGGREGATE	$ 3,000,000
	DED X RETENTION $ 0							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	Directors & Officers			768593710	2/1/2024	2/1/2025	Ded: 1,000	1,000,000

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 property values

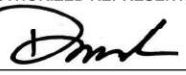
CERTIFICATE HOLDER

Vision Community Management
16625 S Desert Foothills Pkwy
95048

CANCELLATION

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



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DFANG

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
02/22/2024

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PRODUCER
Socher Insurance Agency, Inc.
7901 Stoneridge Drive, Suite 403
Pleasanton, CA 94588

CONTACT NAME:
PHONE (A/C, No, Ext): (877) 317-9300 FAX (A/C, No): (877) 317-9305
E-MAIL ADDRESS: info@hoainsurance.net
PRODUCER CUSTOMER ID: THEGREA-01

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INSURER B : Continental Casualty Company	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
The Greater Granville Homeowner's Association, Inc.
RealManage Family Of Brands | Vision Community Managem
16625 S Desert Foothills Pkwy,
Phoenix, AZ 85048

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Please see Certificate of Liability, Acord 25, for remaining coverage. Equipment Breakdown (Boiler Machinery) coverage included.
Crime/Employee Dishonesty/Fidelity Bond includes Property Manager as an Employee.

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INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	X PROPERTY	S0001PK000531-00	02/01/2024	02/01/2025	BUILDING	$
	CAUSES OF LOSS / DEDUCTIBLES				PERSONAL PROPERTY	$
	BASIC — BUILDING 25,000				BUSINESS INCOME	$
	BROAD — CONTENTS				EXTRA EXPENSE	$
	X SPECIAL				RENTAL VALUE	$
	EARTHQUAKE				X BLANKET BUILDING	$ 34,260,536
	WIND				X BLANKET PERS PROP	$ 25,000
	FLOOD				BLANKET BLDG & PP	$
	X Bld Ord A: Incl				X Bld Ord B	$ 300,000
					X Bld Ord C	$ 300,000
	INLAND MARINE	TYPE OF POLICY				$
	CAUSES OF LOSS					$
	NAMED PERILS	POLICY NUMBER				$
						$
B	X CRIME				X Ded: 1,000	$ 525,000
	TYPE OF POLICY					$
	Fidelity Bond	768593710	02/01/2024	02/01/2025		$
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					$
						$
						$
						$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
A- Special Form, 100% Replacement Cost on an agreed value with no coinsurance. 284 Unit (228 Condominium / 56 Single Family Homes)
4% inflation guard included
Policy is not Walls In
Severability of Interest included on Package Policy.
Common Elements included on policy

CERTIFICATE HOLDER

Vision Community Management
16625 S Desert Foothills Pkwy
Phoenix, AZ 85048

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AUTHORIZED REPRESENTATIVE

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