

4/26/2024

Eighth Street Square Townhouse Association

Civil Code 5300(b)(9) Disclosure Summary Form

Property: LIO Insurance Company: 4/29/2024 - 4/29/2025

\$133,120 Special Form (wind included), 100% Replacement Cost Basis with No Coinsurance, and a \$1,000 Deductible per Occurrence. Equipment Breakdown Coverage included in Package Policy.

General Liability: LIO Insurance Company: 4/29/2024 - 4/29/2025

\$1,000,000 per Occurrence/\$2,000,000 General Aggregate with a \$0 Deductible. \$1,000,000 Non-Owned and Hired Automobile Liability is included in this policy.

Umbrella Liability: No Coverage through our Agency.

<u>Directors' and Officers' Liability: Continental Casualty Company: 4/29/2024 - 4/29/2025</u> \$1,000,000 per Occurrence/General Aggregate with a \$1,000 Retention per Occurrence.

Employee Dishonesty: LIO Insurance Company: 4/29/2024 - 4/29/2025 \$250,000 per Occurrence with a \$1,000 Deductible.

Excess Employee Dishonesty: Continental Casualty Company: 4/29/2024 - 4/29/2025 \$50,000 per Occurrence with a \$1,000 Deductible.

Workers' Compensation: No Coverage through our Agency.

Earthquake Insurance: No Coverage through our Agency.

Flood: No Coverage through our Agency.

This summary of the Association's policies of insurance provides only certain information and should not be considered a substitute for the complete policy terms and conditions contained in the actual policies of insurance. Any Association Member may, upon request and provision of reasonable notice, review the Association's Insurance Policies and, upon request and payment of reasonable duplication charges, obtain copies of those policies. Although the Association maintains the Policies of Insurance specified in this summary, the Association's Policies of Insurance may not cover your property, including personal property or real property improvements to or around your dwelling, or personal injuries or other losses that occur within or around your dwelling. Even if a loss is covered, you may nevertheless be responsible for paying all or a portion of any Deductible that applies. Association Members should consult with their individual Insurance Broker or Agent for appropriate additional coverage.

For lender and/or unit specific Evidence of Insurance please call EOI Direct at 877-456-3643. For general proof of insurance please contact Socher Insurance at 877-317-9300



MSUMNER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/26/2024

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).												
PROD	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) 317-9305						
		ton, CA 94588				E-MAIL ADDRESS: info@hoainsurance.net						
						INSURER(S) AFFORDING COVERAGE					NAIC #	
							INSURER A : Lio Insurance Company					
INSURED					INSURE	R в : Contine	ental Casua	Ity Company				
Eighth Street Square Townhouse Association					INSURER C :							
		REALMANAGE FAMILY OF B 16625 S. Desert Foothills Pk		NDS	VISION COMMUNITY M	INSURER D:						
		Phoenix, AZ 85048	,,			INSURER E :						
						INSURER F:						
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:						
IN Ce	DIC/ RTI	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	N OF A	ANY CONTRACT	CT OR OTHER IES DESCRIB	DOCUMENT WITH RESE	ECT TO	O WHICH THIS	
NSR LTR		TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS		
Α	Χ	COMMERCIAL GENERAL LIABILITY					,,	, ,	EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR	Χ		HOA1000033742-00		4/29/2024	4/29/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
									MED EXP (Any one person)	\$	5,000	
									PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
		OTHER:								\$		
Α	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
		ANY AUTO	v		HOA1000033742-00		4/29/2024	4/29/2025	DODILY IN HIDY (Decree)	_		

BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY **UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE** AGGREGATE DED RETENTION \$ OTH-ER WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A

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.

768605547

CERTIFICATE HOLDER

If yes, describe under DESCRIPTION OF OPERATIONS below

Directors & Officers

REALMANAGE FAMILY OF BRANDS | VISION COMMUNITY MANAGEMENT 16625 S. Desert Foothills Pkwy, Phoenix, AZ 85048

X

CANCELLATION

4/29/2024

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



E.L. DISEASE - EA EMPLOYEE \$

1,000,000

E.L. DISEASE - POLICY LIMIT

Deductible: \$1,000

4/29/2025



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 04/26/2024

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.

KEI KEDEKI MIT OKT KODODEK, MID THE GEKTI TOTALIK							
PRODUCER	CONTACT NAME:						
Socher Insurance Agency, Inc.		FAX (A/C, No): (877) 3	317-9305				
Socher Insurance Agency, Inc. 7901 Stoneridge Drive, Suite 403 Pleasanton, CA 94588	E-MAIL ADDRESS: info@hoainsurance.net						
	PRODUCER CUSTOMER ID: EIGHSTR-02						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
INSURED	INSURER A : Lio Insurance Company						
Eighth Street Square Townhouse Association	INSURER B:						
REALMANAGE FAMILY OF BRANDS VISION COMMUNITY M	INSURER C:						
16625 S. Desert Foothills Pkwy, Phoenix, AZ 85048	INSURER D :						
Prideritx, AZ 03040	INSURER E :						
	INSURER F:						

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY		LIMITS	
Α	Х	PROPERTY						BUILDING	\$	
	CAL	JSES OF LOSS	DEDUCTIBLES	HOA1000033742-00	04/29/2024	04/29/2025		PERSONAL PROPERTY	\$	
		BASIC	BUILDING 1,000					BUSINESS INCOME	\$	
		BROAD	CONTENTS					EXTRA EXPENSE	\$	
	X	SPECIAL	0011121110					RENTAL VALUE	\$	
		EARTHQUAKE					X	BLANKET BUILDING	\$ 118,120	
		WIND					Х	BLANKET PERS PROP	\$ 15,000	
		FLOOD						BLANKET BLDG & PP	\$	
									\$	
									\$	
	INLAND MARINE		Ē	TYPE OF POLICY					\$	
	CAUSES OF LOSS								\$	
		NAMED PERILS		POLICY NUMBER					\$	
									\$	
Α	X	CRIME					X	Deductible: \$1,000	\$ 250,000	
	TYPE OF POLICY								\$	
	Fidelity Bond			HOA1000033742-00	04/29/2024	04/29/2025			\$	
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN								\$	
		EQUIPMENT BR	EARDOWN						\$	
									\$	
									\$	

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Special Form, 100% Replacement Cost Basis.
Coverage is for the Common Area Only. 48 units.

CERTIFICATE HOLDER	CANCELLATION
For informational purposes	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 KAHNRA