



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/27/2021

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).

PRODUCER LaBarre/Oksnee Insurance 30 Enterprise, Suite 180 Aliso Viejo, CA 92656	CONTACT NAME: PHONE (A/C, No, Ext): (800) 698-0711		FAX (A/C, No): (949) 588-1275	
	E-MAIL ADDRESS: proof@hoa-insurance.com			
INSURER(S) AFFORDING COVERAGE			NAIC #	
INSURED Andare Condominium Association Vision Community Mgmt LLC 16625 S. Desert Foothills Pkwy Phoenix, AZ 85048-9927	INSURER A : American Alternative Ins Co.		19720	
	INSURER B : Greenwich Insurance Company		22322	
	INSURER C : PMA Insurance Group		12262	
	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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		CAU509984-4	4/29/2021	4/29/2022	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ Included
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CAU509984-4	4/29/2021	4/29/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							\$	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			TBA	4/29/2021	4/29/2022	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Property			CAU509984-4	4/29/2021	4/29/2022	5,000 Ded	7,181,125
C	Crime/Fidelity Bond	X		TBA	4/29/2021	4/29/2022	1,000 Ded	400,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 HOA consists of 41 Units. Located in Phoenix, AZ.

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

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

CERTIFICATE HOLDER Vision Community Management, LLC 16625 S. Desert Foothills Pkwy Phoenix, AZ 85048	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

**ADDITIONAL REMARKS SCHEDULE**

AGENCY LaBarre/Oksnee Insurance		NAMED INSURED Andare Condominium Association Vision Community Mgmt LLC 16625 S. Desert Foothills Pkwy Phoenix, AZ 85048-9927	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Certificate Remarks:

Single Entity Coverage (Walls In, excluding Improvements and Betterments)

Coverage Includes:

Special Form with 100% Replacement Cost

Guaranteed Replacement Cost

Wind/Hail

Equipment Breakdown

Building Ordinance or Law A+B+C

Inflation Guard and/or limits are reviewed yearly to ensure 100% replacement Cost

Severability of Interest / Separation of Insureds

No Co-Insurance

Waiver of Rights of Recovery

D&O Liability:

Carrier: American Alternative Insurance Company

Policy #CAU509984-4

Policy Term: 4/29/21 - 4/29/22

Limit: \$2,000,000

Deductible: \$0

D&O IS CLAIMS-MADE

Andare Condominium Association

Your Association is insured through LaBarre/Oksnee Insurance

The Association maintains a master insurance policy to insure the buildings and finished interiors (including basic finished flooring, wall coverings, fixtures and cabinets) for Property Damage. An example of the Perils you are insured for are; 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 and subsidence. The Association policy carries a Property Deductible of **\$5,000** 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. **Please be sure to notify your personal insurance agent that this association carries a \$5,000 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.**
- **Building Additions and Alterations** can be covered on your personal policy when the association's policy does not pick up coverage for Betterments and Improvements. **Improvements or Upgrades to your Unit are to be covered by you as an owner to cover any gaps in coverage in the event of loss.** In most cases, association coverage will be limited to "industry standard materials" for the replacement of finished flooring, wall coverings, fixtures and cabinets. Please reference your CC&R'S for "Rights of Owners to Insure".
- **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.

Claims Process

- **Please contact your property manager to report a claim. They will notify our office if a claim needs to be filed.**

Certificates of Insurance

If you require a general certificate of insurance for the association, please email our office at proof@hoa-insurance.com and we will email the certificate of insurance to you. If your lender requires a more detailed proof of insurance showing their loan information or mortgagee clause on the certificate, they can directly download the information they need at www.eoidirect.com.