

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 10/27/2021

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.

| • | | | | | | |
|---|---|----------------|--|--|--|--|
| PRODUCER | CONTACT NAME: | | | | | |
| Socher Insurance Agency, Inc. | PHONE (A/C, No, Ext): (877) 317-9300 FAX (A/C, No): | (877) 317-9305 | | | | |
| Socher Insurance Agency, Inc. 7901 Stoneridge Drive, Suite 403 Pleasanton, CA 94588 | E-MAIL ADDRESS: info@hoainsurance.net | | | | | |
| i iououmon, or to iooo | PRODUCER CUSTOMER ID: VILLSAN-05 | | | | | |
| | INSURER(S) AFFORDING COVERAGE | NAIC# | | | | |
| INSURED | INSURER A: Sutton National Insurance Company | | | | | |
| Villa Santa Fe HOA | INSURER B: Continental Casualty Company | | | | | |
| Vision Community Management 16625 S Desert Foothills Pkwy Phoenix. AZ 85048 | INSURER C: | | | | | |
| | INSURER D : | | | | | |
| Filoenix, 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) 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.

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 | R | | SURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | COVERED PROPERTY | | LIMITS | |
|-------------|----------------------------|---------------|-----------------|----------------|------------------------------------|-------------------------------------|------------------|---------------------|--------|------------|
| Α | Х | PROPERTY | | | | | | BUILDING | \$ | |
| | CAUSES OF LOSS DEDUCTIBLES | | DEDUCTIBLES | TBD | 11/01/2021 | 11/01/2022 | | PERSONAL PROPERTY | \$ | |
| | | BASIC | BUILDING 10,000 | | | | | BUSINESS INCOME | \$ | |
| | | BROAD | CONTENTS | | | | | EXTRA EXPENSE | \$ | |
| | X | SPECIAL | 0011121110 | | | | | RENTAL VALUE | \$ | |
| | | EARTHQUAKE | | | | | | BLANKET BUILDING | \$ | |
| | | WIND | | | | | | BLANKET PERS PROP | \$ | |
| | | FLOOD | | | | | X | BLANKET BLDG & PP | \$ | 13,912,559 |
| | X | Bld Ord AIncl | | | | | X | Bld Ord B: | \$ | 300,000 |
| | | | | | | | X | Bld Ord C: | \$ | 300,000 |
| | | INLAND MARINE | | TYPE OF POLICY | | | | | \$ | |
| | CAL | JSES OF LOSS | | | | | | | \$ | |
| | | NAMED PERILS | | POLICY NUMBER | | | | | \$ | |
| | | | | | | | | | \$ | |
| В | Х | CRIME | | | | | Х | Deductible: \$2,500 | \$ | 100,000 |
| | TYF | PE OF POLICY | | | | | | | \$ | |
| | Fic | delity Bond | | TBD | 11/01/2021 | 11/01/2022 | | | \$ | |
| | | BOILER & MACH | | | | | | | \$ | |
| | | EQUIPMENT BRI | EARDOWN | | | | | | \$ | |
| | | - | | | | | | | \$ | |
| | | | | | | | | | \$ | |

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

A- Special Form, Guaranteed Replacement Cost on an agreed value with no coinsurance.

70 Units.

No inflation guard but policy currently provides a Guaranteed Replacement Cost Endorsement.

Policy is Walls In excluding betterments and improvements. Severability of Interest included on Package Policy

| 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 KAYNEA |

VILLSAN-05

AFRYE

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/27/2021

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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).

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|---|---|---|---------------------------|---------|--|--|--|
| PRODUCER | | CONTACT NAME: | | | | | |
| Socher Insurance Agency, Inc. | | PHONE (A/C, No, Ext): (877) 317-9300 | FAX (A/C, No): (877) 3 | 17-9305 | | | |
| 7901 Stoneridge Drive, Suite 403 Pleasanton, CA 94588 | | E-MAIL ADDRESS: info@hoainsurance.net | | | | | |
| | | INSURER(S) AFFORDING COVERAGE | | NAIC# | | | |
| | | INSURER A : Sutton National Insurance Company | | | | | |
| INSURED | | INSURER B: Firemans' Fund Insurance Company | | | | | |
| Villa Santa Fe HOA | nunity Management ert Foothills Pkwy | INSURER C: PMA Insurance Group | | | | | |
| | | INSURER D : Continental Casualty Company | | | | | |
| Phoenix, AZ 85048 | | INSURER E : | | | | | |
| | | INSURER F: | | | | | |
| COVERAGES | CERTIFICATE NUMBER: | REVISION NU | MBER: | | | | |
| | | = ==== | | | | | |

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| INSR LTR | | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s | |
|-------------|---|---|--------------|-------------|---------------|---------------------------------------|----------------------------|---|----|-----------|
| Α | Х | COMMERCIAL GENERAL LIABILITY | | | | · · · · · · · · · · · · · · · · · · · | , | EACH OCCURRENCE | \$ | 1,000,000 |
| | | CLAIMS-MADE X OCCUR | | | TBD | 11/1/2021 | 11/1/2022 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 300,000 |
| | | | | | | | | MED EXP (Any one person) | \$ | 5,000 |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | GEN | I'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | | POLICY PRO- LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 |
| | | OTHER: | | | | | | | \$ | |
| Α | AUT | OMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 |
| | | ANY AUTO | | | TBD | 11/1/2021 | 11/1/2022 | BODILY INJURY (Per person) | \$ | |
| | | OWNED SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ | |
| | X | HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | | | \$ | |
| В | X | UMBRELLA LIAB X OCCUR | | | | | | EACH OCCURRENCE | \$ | 1,000,000 |
| | | EXCESS LIAB CLAIMS-MADE | | | TBD UMB | 11/1/2021 | 11/1/2022 | AGGREGATE | \$ | 1,000,000 |
| | | DED RETENTION \$ 0 | | | | | | | \$ | |
| С | WOR | RKERS COMPENSATION EMPLOYERS' LIABILITY | | | | | | X PER OTH- STATUTE ER | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | | | | E.L. EACH ACCIDENT | \$ | 1,000,000 | | |
| | (Man | idatory in NH) | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 |
| | DÉS | s, describe under CRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 |
| D | Dire | ectors & Officers | | | TBD | 11/1/2021 | 11/1/2022 | Deductible: \$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 | 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 |



10/27/2021

Villa Santa Fe HOA

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

Property: Sutton National Insurance Company: 11/1/2021 - 11/1/2022

\$13,912,559 Special Form, Guaranteed Replacement Cost with No Coinsurance and a \$10,000 Deductible per Occurrence. Equipment Breakdown Coverage Included in Package Policy.

General Liability: Sutton National Insurance Company: 11/1/2021 - 11/1/2022

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

Umbrella Liability: Fireman's Fund Insurance Company: 11/1/2021 - 11/1/2022

\$1,000,000 Each Occurrence/General Aggregate with a \$0 self insured retention each occurrence.

<u>Directors' and Officers' Liability: Continental Casualty Company: 11/1/2021 - 11/1/2022</u> \$1,000,000 per Occurrence/General Aggregate with a \$1,000 Retention per Occurrence.

Employee Dishonesty: Continental Casualty Company: 11/1/2021 - 11/1/2022 \$100,000 per Occurrence with a \$2,500 Deductible.

Workers' Compensation: PMA Insurance Company: 11/1/2021 - 11/1/2022 \$1,000,000 Coverage statutory limits as required by California law.

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, as required by subdivision (b) of Section 5300 of the Civil Code, 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