

PCONRAD



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/8/2022

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).

	is certificate does not confer rights					equire an endorsement. A sta	itement on	
PRODUCER Socher Insurance Agency, Inc. 7901 Stoneridge Drive, Suite 403				CONTACT NAME:				
				PHONE (A/C, No, Ext): (877) 317-9300 FAX (A/C, No): (877) 317-93			17-9305	
Pleasanton, CA 94588			E	E-MAIL ADDRESS: info@hoainsurance.net				
				INSURER(S) AFFORDING COVERAGE			NAIC#	
			IP	INSURER A: (STANDARD) Accelerant National Insurance Company				
INSURED			I	INSURER B : SiriusPoint Specialty Insurance				
	Villa Santa Fe Homeowners Association Vision Community Management 16625 S Desert Foothills Pkwy Phoenix, AZ 85048			INSURER C : PMA Insurance Group				
				INSURER D : Continental Casualty Company				
				ISURER E :				
			II II	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								
	DICATED. NOTWITHSTANDING ANY I ERTIFICATE MAY BE ISSUED OR MAY		•					
EX	CLUSIONS AND CONDITIONS OF SUCH	POLICIES. LIM		EN REDUCED BY	PAID CLAIMS.		,	
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
		1		,			4 000 000	

1.000.000 X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 300,000 CLAIMS-MADE | X | OCCUR N030PK0956-00 11/1/2022 11/1/2023 \$ 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,000 PRO-JECT POLICY PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** N030PK0956-00 11/1/2023 11/1/2022 ANY AUTO 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 1,000,000 В Χ X **UMBRELLA LIAB** OCCUR EACH OCCURRENCE XUMB22-004883 11/1/2022 11/1/2023 1,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE 0 DED | X | RETENTION \$ OTH-ER WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE 202201-13-58-62-1Y 11/1/2022 11/1/2023 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT **Directors & Officers** 618982309 11/1/2022 11/1/2023 1,000,000 deductible: \$1,000

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 building values.

CERTIFICATE HOLDER

CANCELLATION

CERTII ICATE 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
	Paula L. Comac
	Taula d. Corract