PCONRAD



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/12/2024

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 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).

RODUCER			CONTACT NAME:						
Socher Insur	cher Insurance Agency, Inc. 01 Stoneridge Drive, Suite 403 easanton, CA 94588		PHONE (A/C, No, Ext): (877) 317-9300	FAX (A/C, No): (877) 3	317-9305				
Pleasanton,			E-MAIL ADDRESS: info@hoainsurance.net						
			INSURER(S) AFFORDING COVERAGE	NAIC #					
			INSURER A: American Alternative Insurance						
INSURED			INSURER B: Federal Insurance Company						
		age Garden Condominium Association ILY OF BRANDS VISION COMMUNITY M hills Pkwy,	INSURER C:						
	16625 S Desert Footh		INSURER D:						
	Phoenix, AZ 85048		INSURER E:						
			INSURER F:						
COVERAGES CERTIFICATE NUMBER:			DEVISION NUM	ADED.					

CERTIFICATE 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.

GEN'L AC POL OTH A AUTOMO ANY OW AUT X HIR EXC DEC	OMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR AGGREGATE LIMIT APPLIES PER: DLICY PRO- DLICY LOC THER: MOBILE LIABILITY	INSD WV	CAU505782-2	1/1/2024	POLICY EXP (MM/DD/YYYY) 1/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY	\$ \$ \$	1,000,000 1,000,000 5,000
A AUTOMO ANY OW AUT X AUTOMO ANY OW AUT X AUTOMO EXC DEC	AGGREGATE LIMIT APPLIES PER: DLICY PRO: LOC THER:		CAU505782-2	1/1/2024	1/1/2025	MED EXP (Any one person)	\$	5,000
A AUTOMO ANY OW AUT X AUTOMO ANY OW AUT X AUTOMO EXC DEC	OLICY PRO- JECT LOC	-						
A AUTOMO ANY OW AUT X AUTOMO ANY OW AUT X AUTOMO EXC DEC	OLICY PRO- JECT LOC	-				PERSONAL & ADV INJURY	\$	4 000 000
A AUTOMO ANY OW AUT X AUTOMO ANY OW AUT X AUTOMO EXC DEC	OLICY PRO- JECT LOC						Ψ	1,000,000
A AUTOMO ANY AUT X HIR B X UMB EXC DEE WORKER	THER:					GENERAL AGGREGATE	\$	
A AUTOMO ANY OW X HIR X AUT B X UMB EXC DEC	MATERIAL CONTROL CONTR					PRODUCTS - COMP/OP AGG	\$	
ANY OW AUT X HIR AUT B X UM EXC DEC	MOBILE LIABILITY						\$	
B X UME EXC			CAU505782-2 1/1/2024		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
B X UMB EXC DEC	NY AUTO			1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
B X UME EXC	WNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
EXC DEC	IRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
EXC DEC							\$	
DED	MBRELLA LIAB X OCCUR		G74673429		1/1/2025	EACH OCCURRENCE	\$	1,000,000
WORKER	XCESS LIAB CLAIMS-MAD	E		1/1/2024		AGGREGATE	\$	1,000,000
WORKER AND EMP	ED X RETENTION\$	0					\$	
	RS COMPENSATION MPLOYERS' LIABILITY					PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	
	OPRIETOR/PARTNER/EXECUTIVE	1				E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
A Directo	OPRIETOR/PARTNER/EXECUTIVE R/MEMBER EXCLUDED? tory in NH) escribe under IPTION OF OPERATIONS below		CAU505782-2	1/1/2024	1/1/2025	deductible: \$0		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 building values.

CERTIFICATE HOLDER CANCELLATION

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

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



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 02/12/2024

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NEI NEGENTATION OF THE CENTRAL POPULATION OF	94588 ADDRESS: INTOCHIOAITISTICATION AND CONTROL OF THE PRODUCER CUSTOMER ID: SUNLSPR-01 INSURER(S) AFFORDING COVERAGE INSURER A : American Alternative Insurance Corporation INSURER B : INSURER B : INSURER C : INSURER C : INSURER C : INSURER C : INSURER D :					
PRODUCER						
Socher Insurance Agency, Inc. 7901 Stoneridge Drive, Suite 403	PHONE (A/C, No, Ext): (877) 317-9300 FAX (A/C, No): (877)	317-9305				
/901 Stoneridge Drive, Suite 403 Pleasanton, CA 94588	E-MAIL ADDRESS: info@hoainsurance.net					
Tousanton, 97 97999	PRODUCER CUSTOMER ID: SUNLSPR-01					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
INSURED	INSURER A: American Alternative Insurance Corporation					
Sunland Springs Village Garden Condominium Association	INSURER B:					
REALMANAGE FAMILY OF BRANDS VISION COMMUNITY M	INSURER C:					
16625 S Desert Foothills Pkwy, Phoenix, AZ 85048	INSURER D:					
r noenix, Az 00040	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 coverage included. Crime/Employee Dishonesty/Fidelity Bond includes Property Manager as an Employee.

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INSR LTR	TYPE OF INSURANCE		SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)		COVERED PROPERTY		LIMITS	
Α	X	PROPERTY						BUILDING	\$	
	CAUSES OF LOSS DEDUCTIBLES		DEDUCTIBLES	CAU505782-2	01/01/2024	01/01/2025		PERSONAL PROPERTY	\$	
		BASIC	BUILDING 25,000					BUSINESS INCOME	\$	
		BROAD	CONTENTS					EXTRA EXPENSE	\$	
	X	SPECIAL	CONTENTS					RENTAL VALUE	\$	
		EARTHQUAKE						BLANKET BUILDING	\$	
		WIND						BLANKET PERS PROP	\$	
		FLOOD					X	BLANKET BLDG & PP	\$	24,325,000
	X	ord law:bldg li					X	ord law Demo:	\$	1,218,000
							X	ord law ICC:	\$	2,437,000
		INLAND MARINE		TYPE OF POLICY					\$	
	CAL	JSES OF LOSS							\$	
		NAMED PERILS		POLICY NUMBER					\$	
									\$	
Α	Χ	CRIME					X	deductible: \$0	\$	225,000
	TYPE OF POLICY								\$	
	Fidelity Bond			CAU505782-2	01/01/2024	01/01/2025			\$	
		BOILER & MACH							\$	
		EQUIPMENT BR	EAKDOWN						\$	
									\$	
									\$	

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

Special Form (wind included), Guaranteed Replacement Cost Basis with No Co-Insurance. 93 Units. Policy is Walls in excluding Betterments & Improvements. Severability of Interest included on Package Policy. Common elements included on policy.

CERTIFICATE HOLDER CANCELLATION

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

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AUTHORIZED REPRESENTATIVE

Paula L. Connael