

**JJOHNSON** 

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/5/2024

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).

th	is certificate does not confer rights to	o the	cert	ificate holder in lieu of su	ich end	lorsement(s)						
PRO	DUCER				CONTA NAME:	СТ						
Socher Insurance Agency, Inc. 7901 Stoneridge Drive, Suite 403						PHONE (A/C, No, Ext): (877) 317-9300 FAX (A/C, No): (877) 317-9305						
7901 Stoneridge Drive, Suite 403 Pleasanton, CA 94588					E-MAL ADDRESS: info@hoainsurance.net							
						INSURER(S) AFFORDING COVERAGE						
					INSURER A : (STANDARD) Accelerant National Insurance Company					NAIC#		
INSL	RED			INSURE	10220							
	Club Scottsdale Condominio	um A	ssoc	ciation								
	RealManage Family Of Bran			n Community Manageme	INSURE							
	16625 South Desert Foothills	INSURER D:										
Phoenix, AZ 85048						INSURER E:						
					INSURE	RF:						
				E NUMBER:				REVISION NUMBE				
IN C	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WITH RI	ESPECT TO	WHICH THIS		
INSR	XCLUSIONS AND CONDITIONS OF SUCH		SUBR WVD		DEEN	POLICY EFF (MM/DD/YYYY)	POLICY EXP					
LTR A	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		2.000.000		
^				N000D1/40E0 04		0/=/0004	0/=/000=	DAMAGE TO RENTED	\$	300,000		
	CLAIMS-MADE X OCCUR			N030PK1650-01		6/7/2024	6/7/2025	DAMAGE TO RENTED PREMISES (Ea occurrenc	e) \$	5,000		
								MED EXP (Any one persor	n) \$	2.000.000		
								PERSONAL & ADV INJUR	RY \$	, ,		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	4,000,000		
	POLICY PRO-							PRODUCTS - COMP/OP /	AGG \$	4,000,000		
Α	OTHER:  AUTOMOBILE LIABILITY							COMBINED SINGLE LIMI	\$ T	1,000,000		
	ANY AUTO			N030PK1650-01		6/7/2024	6/7/2025	(Ea accident)  BODILY INJURY (Per pers				
	OWNED AUTOS ONLY SCHEDULED AUTOS					00_ 1	0	BODILY INJURY (Per acci				
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	s s			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
	UMBRELLA LIAB OCCUR							EAGU GOOLIDDENGE				
	EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$			
	DED RETENTION \$							AGGREGATE	\$			
								PER O'STATUTE E	\$ TH-			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY											
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT	\$			
	If ves, describe under							E.L. DISEASE - EA EMPL				
В	DÉSCRIPTION OF OPERATIONS below  Directors & Officers			619068592		6/7/2024	6/7/2025	E.L. DISEASE - POLICY L  Ded: 1.000	IMIT \$	1.000.000		
Ь	Directors & Officers			013000332		0///2024	0/1/2023	Dea. 1,000		1,000,000		
DES Plea	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL se see Certificate of Property, Acord 24	LES (A	ACORE prope	D 101, Additional Remarks Scheduerty values.	ile, may b	e attached if mor	e space is requir	ed)				
CE	RTIFICATE HOLDER				CANC	CELLATION						
OL	ATTIOCHER				CANC	/LLA HON						
For Informational Purposes Only						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  Sand Dune Human								





## CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 06/05/2024

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.

PRODUCER	CONTACT NAME:						
Socher Insurance Agency, Inc.	PHONE (A/C, No, Ext): (877) 317-9300 FAX (A/C, No): (877)	317-9305					
7901 Stoneridge Drive, Suite 403 Pleasanton, CA 94588	E-MAIL ADDRESS: info@hoainsurance.net						
. 1000anton, 6710 1000	PRODUCER CUSTOMER ID: CLUBSCO-01						
	INSURER(S) AFFORDING COVERAGE	NAIC#					
INSURED	INSURER A : (STANDARD) Accelerant National Insurance Company 10220						
Club Scottsdale Condominium Association	INSURER B: Continental Casualty Company						
RealManage Family Of Brands   Vision Community Managem	INSURER C:						
16625 South Desert Foothills Pkwy	INSURER D:						
Phoenix, AZ 85048	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	TYPE OF INSURANCE			POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY		LIMITS	
Α	Х	PROPERTY						BUILDING	\$	
	CAI	CAUSES OF LOSS DEDUCTIBLES		N030PK1650-01	06/07/2024	06/07/2025		PERSONAL PROPERTY	\$	
		BASIC	BUILDING 5,000					BUSINESS INCOME	\$	
		BROAD CONTENTS						EXTRA EXPENSE	\$	
	X							RENTAL VALUE	\$	
		EARTHQUAKE					X	BLANKET BUILDING	\$ 8,783,591	
		WIND					X	BLANKET PERS PROP	\$ 50,000	
		FLOOD						BLANKET BLDG & PP	\$	
	X	Water Ded	25,000				X	Blcg Ord B per Bldg	\$ 300,000	
	Х	Bldg Ord A Incl	25,000				Х	Bldg Ord B per Occ	\$ 300,000	
		INLAND MARINE		TYPE OF POLICY					\$	
	CAUSES OF LOSS								\$	
		NAMED PERILS		POLICY NUMBER					\$	
									\$	
В	X	CRIME					X	Ded \$1,000	\$ 700,000	
	TYPE OF POLICY								\$	
	Fidelity Bond			619068592	06/07/2024	06/07/2025			\$	
	BOILER & MACHINERY /								\$	
	EQUIPMENT BREAKDOWN								\$	
									\$	
									\$	

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. 42 Units. Policy is Walls In excluding betterments and improvements. Severability of Interest included on Package Policy. Common Elements included in policy.

CERTIFICATE HOLDER	CANCELLATION				
For Informational Purposes Only	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  faul Dure flor				