

6/13/2024

La Buena Vida Two Townhouse Association  
Disclosure Summary Form

Property: Accelerant Specialty: 6/20/2024 - 6/20/2025

\$24,916,176 Special Form, (wind included) 100% Replacement Cost Basis with No Coinsurance and a \$25,000 Deductible per Occurrence with a \$50,000 Water Deductible and a 1% Wind/Hail Deductible. Equipment Breakdown is included.

General Liability: Accelerant Specialty: 6/20/2024 - 6/20/2025

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

Umbrella Liability: Federal Insurance Company: 6/20/2024 - 6/20/2025

\$5,000,000 Each Occurrence/General Aggregate with a \$0 self insured retention each occurrence.

Directors' and Officers' Liability: Continental Casualty Company: 6/20/2024 - 6/20/2025

\$1,000,000 per Occurrence/General Aggregate with a \$1,000 Retention per Occurrence.

Employee Dishonesty: Continental Casualty Company: 6/20/2024 - 6/20/2025

\$500,000 per Occurrence with a \$2,500 Deductible.

Workers' Compensation: Hanover Insurance Company: 6/20/2024 - 6/20/2025

\$1,000,000 Coverage statutory limits.

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 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\*\***



*The Leader in HOA Insurance Since 1987*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/14/2024

**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).**

<b>PRODUCER</b> Socher Insurance Agency, Inc. 7901 Stoneridge Drive, Suite 403 Pleasanton, CA 94588	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>(877) 317-9300</b>   FAX (A/C, No): <b>(877) 317-9305</b>
	<b>E-MAIL ADDRESS:</b> <b>info@hoainsurance.net</b>
<b>INSURER(S) AFFORDING COVERAGE</b>   <b>NAIC #</b>	
<b>INSURED</b>  <b>La Buena Vida Two Townhouse Association</b> <b>RealManage Family of Brands   Vision Community Management</b> <b>16625 S. Desert Foothills Pkwy</b> <b>Phoenix, AZ 85048</b>	<b>INSURER A : (SURPLUS) Accelerant Specialty Insurance Company</b>
	<b>INSURER B : Federal Insurance Company</b>
	<b>INSURER C : Hanover Insurance Group</b>
	<b>INSURER D : Continental Casualty Company</b>
	<b>INSURER E :</b>
<b>INSURER F :</b>	


**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
<b>A</b>	<b>X</b> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<b>X</b>		<b>S0001PK000686-00</b>	<b>6/20/2024</b>	<b>6/20/2025</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	<b>X</b>		<b>S0001PK000686-00</b>	<b>6/20/2024</b>	<b>6/20/2025</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>B</b>	<b>X</b> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ <b>0</b>	<b>X</b>		<b>G74746676</b>	<b>6/20/2024</b>	<b>6/20/2025</b>	EACH OCCURRENCE \$ <b>5,000,000</b> AGGREGATE \$ <b>5,000,000</b> \$
<b>C</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N / A</b>	<b>TBD_WC</b>	<b>6/20/2024</b>	<b>6/20/2025</b>	PER STATUTE   OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
<b>D</b>	<b>Directors &amp; Officers</b>	<b>X</b>		<b>618912051</b>	<b>6/20/2024</b>	<b>6/20/2025</b>	<b>Deductible: \$1,000</b>   <b>1,000,000</b>

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**

<b>RealManage Family of Brands - Vision Community Management</b>	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)
06/14/2024

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.

Table with PRODUCER, INSURED, and CONTACT information. Includes Socher Insurance Agency, Inc. and La Buena Vida Two Townhouse Association.

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.

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.

Main insurance coverage table with columns: INSR LTR, TYPE OF INSURANCE, POLICY NUMBER, POLICY EFFECTIVE DATE, POLICY EXPIRATION DATE, COVERED PROPERTY, LIMITS. Includes Property and Crime coverages.

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Special Form (wind included), 100% Replacement Cost Basis with No Co-Insurance.

CERTIFICATE HOLDER

CANCELLATION

Table for Certificate Holder and Cancellation. Certificate holder: RealManage Family of Brands - Vision Community Management. Cancellation notice text and signature.