

6/18/2024

## Papago Ridge Condominium Disclosure Summary Form

<u>Property:</u> Allianz Insurance Company: 6/20/2024 - 6/20/2025 \$11,571,766 Special Form, Replacement Cost with No Coinsurance and a \$10,000 Deductible per Occurrence. Equipment Breakdown coverage included.

<u>General Liability:</u> Allianz Insurance Company: 6/20/2024 - 6/20/2025 \$1,000,000/\$2,000,000 per Occurrence/General Aggregate with a \$0 Deductible. Included Non-Owned and Hired Automobile Liability is included in this policy.

<u>Umbrella Liability:</u> Federal Insurance Company: 6/20/2024 - 6/20/2025 \$5,000,000 Each Occurrence/General Aggregate with a \$0 self insured retention each occurrence.

<u>Directors' and Officers' Liability:</u> 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 \$450,000 per Occurrence with a \$2,500 Deductible.

Workers' Compensation: PMA Insurance Company: 6/20/2024 - 6/20/2025 \$1,000,000 Coverage statutory limits as required by California law.

<u>Earthquake Insurance:</u> 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.

<sup>\*\*</sup>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\*\*



## CERTIFICATE OF LIABILITY INSURANCE

**CAGUILERA** 

DATE (MM/DD/YYYY) 6/18/2024

**PAPARID-01** 

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.

ADDITIONAL INCLIDED

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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).													
PRODUCER Socher Insurance Agency, Inc.							CONTACT NAME: PHONE (OTT) 047 0000						
7901	Sto	neridge Drive, Suite 403				(A/C, No	317-9305						
Pleasanton, CA 94588							E-MAIL ADDRESS: info@hoainsurance.net						
						INSURER(S) AFFORDING COVERAGE					NAIC#		
						INSURER A : Allianz Global Risks US Insurance Company							
INSU	RED	Danaga Bidga Candamini				INSURER B : Federal Insurance Company							
		Papago Ridge Condominion RealManage Family of Bra				INSURER C : PMA Insurance Group							
		Vision Community Manage	ement			INSURE							
		16625 S Desert Foothills P Phoenix, AZ 85048	kwy			INSURER E :							
		Piloeilix, AZ 65046				INSURER F:							
COVERAGES CERTIFICATE NUMBER:								REVISION NUMBER:					
						W HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD ON OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS							
		FICATE MAY BE ISSUED OR MA SIONS AND CONDITIONS OF SUCI							ED HEREIN IS SUBJECT	TO ALL	THE TERMS,		
INSR LTR	NSR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER				POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS							
Α	Х	COMMERCIAL GENERAL LIABILITY					,		EACH OCCURRENCE	\$	1,000,000		
		CLAIMS-MADE X OCCUR			CLB1000545		6/20/2024	6/20/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000		
		<del></del>							MED EXP (Any one person)	\$	5,000		
									PERSONAL & ADV INJURY	\$	1,000,000		
	GEN	L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000		

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Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			CLB1000545	6/20/2024	6/20/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO			CLB1000545	6/20/2024	6/20/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	Χ	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
		ACTOS GNET						(* 2. 222.22)	\$	
В	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE			G74589698	6/20/2024	6/20/2025	AGGREGATE	\$	5,000,000
		DED X RETENTION \$ 0							\$	
С	WOR	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE				2021010722462Y	6/20/2024	6/20/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE		1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		1,000,000
D					618912681	6/20/2024	6/20/2025	Deductible \$1,000	Ť	1,000,000
								l		

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
For Info 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 KAYNRA





## CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 06/18/2024

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.

REF RESERVATION OF THE SERVICE TO ESTATE								
PRODUCER	CONTACT NAME:							
Socher Insurance Agency, Inc.		77) 317-9305						
Socher Insurance Agency, Inc. 7901 Stoneridge Drive, Suite 403 Pleasanton, CA 94588	E-MAIL ADDRESS: info@hoainsurance.net							
	PRODUCER CUSTOMER ID: PAPARID-01							
	INSURER(S) AFFORDING COVERAGE							
INSURED	INSURER A : Allianz Global Risks US Insurance Compa	any						
Papago Ridge Condominium	INSURER B : Continental Casualty Company							
RealManage Family of Brands Vision Community Management	INSURER C:							
16625 S 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 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	SR TYPE OF INSURANCE			POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY		LIMITS
Α	Х	PROPERTY						BUILDING	\$
	BASIC BUILDING 10,000		DEDUCTIBLES	CLB1000545	06/20/2024	06/20/2025		PERSONAL PROPERTY	\$
			BUILDING 10 000					BUSINESS INCOME	\$
			CONTENTS					EXTRA EXPENSE	\$
	X SPECIAL							RENTAL VALUE	\$
		EARTHQUAKE						BLANKET BUILDING	\$
		WIND					X	BLANKET PERS PROP	\$ 11,571,766
		FLOOD					X	BLANKET BLDG & PP	\$ 25,000
	Х	Ord Cov A - Inc					X	Ord Cov B	\$ 500,000
							X	Ord Cov C	\$ 500,000
		INLAND MARINE		TYPE OF POLICY					\$
	CAI	JSES OF LOSS							\$
		NAMED PERILS		POLICY NUMBER					\$
									\$
В	Х	CRIME					Х	Deductible \$2,500	\$ 450,000
	TYPE OF POLICY								\$
	Fidelity Bond			618912681	06/20/2024	06/20/2025			\$
	BOILER & MACHINERY /								\$
	EQUIPMENT BREAKDOWN							1	\$
									\$
								1	\$

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. 90 Units. Policy is Walls in if your Condominium Association Agreement requires it. Severability of Interest included on Package Policy. Common elements included on policy.

CERTIFICATE HOLDER	CANCELLATION
For Info 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 KAYNRA