



Casa Requena II Homeowner's Association
Disclosure Summary Form

Property: Accelerant National Insurance Company: 8/5/2024- 8/5/2025

\$9,787,000 Special Form (wind included), Guaranteed Replacement Cost Basis with no co-insurance and a \$10,000 AOP/\$40,000 water Deductible per Occurrence. Equipment Breakdown coverage is included.

General Liability: Accelerant National Insurance Company: 8/5/2024- 8/5/2025

\$2,000,000/\$4,000,000 per Occurrence/General Aggregate with a \$0 Deductible.
\$1,000,000 Non-Owned and Hired Automobile Liability is included in this policy.

Umbrella Liability: No Coverage through our Agency.

Directors' and Officers' Liability: Great American Insurance Company: 8/5/2024- 8/5/2025

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

Employee Dishonesty: Continental Casualty Company: 8/5/2024- 8/5/2025

\$250,000 per Occurrence with a \$1,000 Deductible.

Workers' Compensation: Hanover Insurance Group: 2/15/2024 – 2/15/2025

\$1,000,000 Coverage statutory limits as required by Arizona law.

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*****



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/6/2024

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.

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.

PRODUCER: Socher Insurance Agency, Inc.
INSURED: Casa Requena II Homeowner's Association
CONTACT NAME: info@hoainsurance.net
INSURER A: (STANDARD) Accelerant National Insurance Company
INSURER B: Hanover Insurance Group
INSURER C: Great American Insurance Company

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes rows for Commercial General Liability, Automobile Liability, Umbrella Liab, and Workers Compensation.

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: for informational purposes RealManage Family of Brands | Vision Community MGMT
CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
08/06/2024

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.

<p>PRODUCER</p> <p>Socher Insurance Agency, Inc. 7901 Stoneridge Drive, Suite 403 Pleasanton, CA 94588</p>	<p>CONTACT NAME:</p> <p>PHONE (A/C, No, Ext): (877) 317-9300</p> <p>FAX (A/C, No): (877) 317-9305</p> <p>E-MAIL ADDRESS: info@hoainsurance.net</p> <p>PRODUCER CUSTOMER ID: CASAREQ-02</p>														
<p>INSURED</p> <p>Casa Requena II Homeowner's Association RealManage Family of Brands Vision Community Management 16625 S Desert Foothills Pkwy, Phoenix, AZ 85048</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A : (STANDARD) Accelerant National Insurance Company</td> <td>10220</td> </tr> <tr> <td>INSURER B : Continental Casualty Company</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : (STANDARD) Accelerant National Insurance Company	10220	INSURER B : Continental Casualty Company		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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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.
Crime/Employee Dishonesty/Fidelity Bond includes Property Manager as an Employee. Equipment Breakdown coverage included.

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			
A	<input checked="" type="checkbox"/> PROPERTY	N030PK1877-01	08/05/2024	08/05/2025	BUILDING	\$			
	CAUSES OF LOSS				DEDUCTIBLES		PERSONAL PROPERTY	\$	
	<input type="checkbox"/> BASIC				BUILDING	10,000	BUSINESS INCOME	\$	
	<input type="checkbox"/> BROAD				CONTENTS		EXTRA EXPENSE	\$	
	<input checked="" type="checkbox"/> SPECIAL						RENTAL VALUE	\$	
	<input type="checkbox"/> EARTHQUAKE						<input checked="" type="checkbox"/> BLANKET BUILDING	\$	9,787,000
	<input type="checkbox"/> WIND						<input checked="" type="checkbox"/> BLANKET PERS PROP	\$	25,000
	<input type="checkbox"/> FLOOD						BLANKET BLDG & PP	\$	
	<input checked="" type="checkbox"/> Bldg Ord A Incl						<input checked="" type="checkbox"/> Bldg Ord B Per Bldg	\$	500,000
	<input checked="" type="checkbox"/> Water Ded				40,000		<input checked="" type="checkbox"/> Bldg Ord C Per Bldg	\$	500,000
B	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$			
	CAUSES OF LOSS					\$			
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$			
						\$			
<input checked="" type="checkbox"/> CRIME	TYPE OF POLICY				<input checked="" type="checkbox"/> Ded \$1,000	\$			
	Fidelity Bond	619075770	08/05/2024	08/05/2025		250,000			
<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN						\$			

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. 54 Units. Policy is Walls in excluding Betterments & Improvements. Severability of Interest included on Package Policy. Common Elements included on policy.

<p>CERTIFICATE HOLDER</p> <p>for informational purposes RealManage Family of Brands Vision Community MGMT 16625 S Desert Foothills Pkwy, Phoenix, AZ 85048</p>	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <hr/> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: center;"><i>Paula L. Conrad</i></p>
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