

### 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.

<u>Directors' and Officers' Liability: Great American Insurance Company: 8/5/2024- 8/5/2025</u> \$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.

<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\*\*

PCONRAD



## CERTIFICATE OF LIABILITY INSURANCE

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. 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).

PRODUCER	CONTACT NAME:					
Socher Insurance Agency, Inc. 7901 Stoneridge Drive, Suite 403	PHONE (A/C, No, Ext): (877) 317-9300	FAX (A/C, No):(877) 317-9305				
Pleasanton, CA 94588	E-MAIL ADDRESS: info@hoainsurance.net					
	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A: (STANDARD) Accelerant National Insurance Company 10220					
INSURED	INSURER B: Hanover Insurance Group					
Casa Requena II Homeowner's Association	INSURER C: Great American Insurance Com	npany				
RealManage Family of Brands   Vision Community Manageme 16625 S Desert Foothills Pkwy,	INSURER D:					
Phoenix, AZ 85048	INSURER E :					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER	DEVICE NUMBER	MDED				

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.

10.000		WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S	
TYPE OF INSURANCE ADDL INSD  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	N030PK1877-01	8/5/2024	8/5/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)	\$ \$ \$	2,000,000 300,000 5,000	
					PERSONAL & ADV INJURY	\$	2,000,000 4,000,000
POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	4,000,000
AUTOMOBILE LIABILITY  ANY AUTO		N030PK1877-01	8/5/2024	8/5/2025	COMBINED SINGLE LIMIT (Ea accident)  BODILY INJURY (Per person)	\$	1,000,000
OWNED AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  X SCHEDULED AUTOS					BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
LIMBRELLA LIAB OCCUR					EACH OCCUPRENCE	\$	
					AGGREGATE	\$	
DED RETENTION \$  WORKERS COMPENSATION					X PER OTH-	\$	
AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		W2YJ651407 2/15/2024		2/15/2025	E.L. EACH ACCIDENT	\$	1,000,000
					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
DÉSCRIPTION OF OPERATIONS below		FPPF792294-01	8/5/2024	8/5/2025		\$	1,000,000
VA AC(I If D	GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRO- DECT LOC  OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY AUTOS ONLY  WIRED AUTOS ONLY AUTOS ONLY  LIMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$  WORKERS COMPENSATION NO EMPLOYERS' LIABILITY UNY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  WORKERS COMPENSATION NO EMPLOYERS' LIABILITY OFFICER/MEMBER EXCLUDED?	GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRODUCT LOC  OTHER:  AUTOMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY  X HIRD AUTOS ONLY  WIMBRELLA LIAB  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY AUTOS  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  NY PROPRIETOR/PARTNER/EXECUTIVE  PERCENTAGE  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  NY PROPRIETOR/PARTNER/EXECUTIVE  PERCENTAGE  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  NY PROPRIETOR/PARTNER/EXECUTIVE  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  NY A MANDATORY OF THE PROPERTY OF THE P	GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRODUCT LOC  OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY  UMBRELLA LIAB CLAIMS-MADE DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY AUTOS ONLY  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE D'EFICER/MEMBER EXCLUDED? Mandatory in NH) (yes, describe under JESCRIPTION OF OPERATIONS below	GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRODUCT LOC  OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY  WIRED DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  VORKERS COMPENSATION AND EMPLOYERS' LIABILITY  N/A  WYPOPRIETOR/PARTNER/EXECUTIVE DESCRIPTION OF OPERATIONS below  WYAY PROPRIETOR/PARTNER/EXECUTIVE DESCRIPTION OF OPERATIONS below	GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRODUCT LOC  OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY AUTOS  WIRED AUTOS ONLY AUTOS  WIRED AUTOS ONLY AUTOS ONLY  UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION NOT EMPLOYERS' LIABILITY  NY PROPRIETOR/PARTNER/EXECUTIVE WAY PROPRIETOR/PARTNER/EXECUTIVE MANDEMANDEMANDEMANDEMANDEMANDEMANDEMANDE	REDICY PRODUCTS - COMPION AGGIVENT AND AUTOS ONLY AUTOS	NO30PK1877-01  NO30PK

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 informational purposes RealManage Family of Brands | Vision Community MGMT 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

Paula L. Connac



# 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.

PRODUCER		CONTACT NAME:					
Socher Insu	rance Agency, Inc.	PHONE (A/C, No, Ext): (877) 317-9300 FAX (A/C, N	<sub>lo):</sub> (877) 317-9305				
7901 Stoner Pleasanton	dge Drive, Suite 403	NAME: PHONE (A/C, No, Ext): (877) 317-9300  E-MAIL ADDRESS: info@hoainsurance.net PRODUCER CUSTOMER ID: CASAREQ-02  INSURER(S) AFFORDING COVERAGE  INSURER A: (STANDARD) Accelerant National Insurance C INSURER B: Continental Casualty Company	2000 CO				
i icasamon,	er Insurance Agency, Inc. Stoneridge Drive, Suite 403 anton, CA 94588 ED Casa Requena II Homeowner's Association	PRODUCER CUSTOMER ID: CASAREQ-02					
		INSURER(S) AFFORDING COVERAGE	NAIC #				
INSURED		INSURER A: (STANDARD) Accelerant National Insurance	Company 10220				
	RealManage Family of Brands   Vision Community Manageme 16625 S Desert Foothills Pkwy,	INSURER B: Continental Casualty Company					
		INSURER C:					
		INSURER D:					
		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.
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.

NSR LTR	TYPE OF INSURANCE		SURANCE		POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY		LIMITS	
Α	X	PROPERTY						BUILDING	\$	
	CAL	JSES OF LOSS	DEDUCTIBLES	N030PK1877-01	08/05/2024	08/05/2025		PERSONAL PROPERTY	\$	
		BASIC	BUILDING 10,000					BUSINESS INCOME	\$	
		BROAD	CONTENTS					EXTRA EXPENSE	\$	
	X	SPECIAL	CONTENTO					RENTAL VALUE	\$	
		EARTHQUAKE					X	BLANKET BUILDING	\$	9,787,000
		WIND					X	BLANKET PERS PROP	\$	25,000
		FLOOD						BLANKET BLDG & PP	\$	
	X	Bldg Ord A Incl					X	Bldg Ord B Per Bldg	\$	500,000
	X	Water Ded	40,000				X	Bldg Ord C Per Bldg	\$	500,000
		INLAND MARINE		TYPE OF POLICY					\$	
	CAL	JSES OF LOSS							\$	
		NAMED PERILS		POLICY NUMBER					\$	
									\$	
В	X	CRIME					X	Ded \$1,000	\$	250,000
	TYF	PE OF POLICY							\$	
	Fic	delity Bond		619075770	08/05/2024	08/05/2025			\$	
		BOILER & MACH							\$	
		EQUIPMENT BR	EARDOWN						\$	
									\$	
									\$	

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.

### **CERTIFICATE HOLDER**

for informational purposes RealManage Family of Brands | Vision Community MGMT

16625 S Desert Foothills Pkwy, Phoenix, AZ 85048

### 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.

AUTHORIZED REPRESENTATIVE