

JMATTSON



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/13/2024

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 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:						
7901 Stoneridge Drive Suite 403		PHONE (A/C, No, Ext): (877) 317-9300	FAX (A/C, No): (877) 3	17-9305				
		E-MAIL ADDRESS: info@hoainsurance.net						
		INSURER(S) AFFORDING COV	NAIC #					
		INSURER A: Allianz Global Risks US Ir						
INSURED		INSURER B: Hanover Insurance Group						
	Paseo Condominium Association	INSURER C: Philadelphia Indemnity In						
	amily of Brands Vision Community Manageme	INSURER D :	·					
Phoenix, AZ 8		INSURER E :						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER:	REVISIO	ON 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	SUBR WVD	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
A	Х	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	X		CLB1001267	7/15/2024	7/15/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 100,000
			^			17.10,202.1		MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
_		OTHER:						COMBINED SINGLE LIMIT	\$	4 000 000
Α	AUT	OMOBILE LIABILITY						(Ea accident)	\$	1,000,000
		ANY AUTO OWNED SCHEDULED	X		CLB1001267	7/15/2024	7/15/2025	BODILY INJURY (Per person)	\$	
		AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION \$							\$	
В	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE			W2Y-J777254-00		7/15/2024	7/15/2025	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A					E.L. DISEASE - EA EMPLOYEE	s	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		1,000,000
С	C Directors & Officers		Х		PCAP044696-0124	7/15/2024	7/15/2025	Deductible: \$1,000	-	1,000,000

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

RealManage Family of Brands - Vision Community Management

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) 08/13/2024

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) 3	317-9305				
Socher Insurance Agency, Inc. 7901 Stoneridge Drive, Suite 403 Pleasanton, CA 94588	E-MAIL ADDRESS: info@hoainsurance.net						
	PRODUCER CUSTOMER ID: THUNPAS-01						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
INSURED	INSURER A : Allianz Global Risks US Insurance Company						
Thunderbird Paseo Condominium Association	INSURER B: PMA Insurance Group						
RealManage Family of Brands Vision Community Manageme	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	TYPE OF INSURANCE		SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY		LIMITS	
Α	Х	PROPERTY					Х	BUILDING	\$	33,556,278
	CAL	JSES OF LOSS	DEDUCTIBLES	CLB1001267	07/15/2024	07/15/2025	X	PERSONAL PROPERTY	\$	50,000
		BASIC	BUILDING 25,000					BUSINESS INCOME	\$	
		BROAD	CONTENTS					EXTRA EXPENSE	\$	
	X	SPECIAL	00.11.2.11.0					RENTAL VALUE	\$	
		EARTHQUAKE						BLANKET BUILDING	\$	
		WIND						BLANKET PERS PROP	\$	
		FLOOD						BLANKET BLDG & PP	\$	
	Х	water ded	25,000				X	Ord cov B:	\$	500,000
	X	Ord cov A: inc					X	Ord cov C:	\$	500,000
		INLAND MARINE		TYPE OF POLICY					\$	
	CAL	JSES OF LOSS							\$	
		NAMED PERILS		POLICY NUMBER					\$	
									\$	
В	Х	CRIME					Х	Deductible: \$5,000	\$	650,000
	TYF	PE OF POLICY							\$	
	Fic	delity Bond		4124010916528Y	07/15/2024	07/15/2025			\$	
		BOILER & MACH							\$	
		EQUIPMENT BRI	EAKDOWN						\$	
									\$	
]	\$	

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 and a 4% inflation guard is included. 252 Units. Policy is Walls in excluding Betterments & Improvements. Severability of Interest included on Package Policy. Common elements included on policy.

CERTIFICATE HOLDER CANCELLATION

RealManage Family of Brands - Vision Community Management

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

