



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/31/2024

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> Cave Creek Villas Homeowners Association Real Manage Family Of Brands   Vision Community Managem 16625 South Desert Foothills Pkwy Phoenix, AZ 85048	<b>INSURER A : American Alternative Insurance Corporation</b>	
	<b>INSURER B : Continental Casualty Company</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</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>	<input checked="" type="checkbox"/>	<b>COMMERCIAL GENERAL LIABILITY</b>	<input checked="" type="checkbox"/>		<b>TBD_PCKG</b>	<b>11/1/2024</b>	<b>11/1/2025</b>	EACH OCCURRENCE	\$ <b>2,000,000</b>		
	<input type="checkbox"/>	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ <b>1,000,000</b>		
								MED EXP (Any one person)	\$ <b>5,000</b>		
								PERSONAL & ADV INJURY	\$ <b>2,000,000</b>		
								GENERAL AGGREGATE	\$ <b>2,000,000</b>		
								PRODUCTS - COMP/OP AGG	\$ <b>2,000,000</b>		
									\$		
<b>A</b>	<input type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b>	<input checked="" type="checkbox"/>		<b>TBD_PCKG</b>	<b>11/1/2024</b>	<b>11/1/2025</b>	COMBINED SINGLE LIMIT (Ea accident)	\$ <b>2,000,000</b>		
	<input type="checkbox"/>	ANY AUTO OWNED AUTOS ONLY						<input type="checkbox"/>	SCHEDULED AUTOS	BODILY INJURY (Per person)	\$
	<input type="checkbox"/>	HIRED AUTOS ONLY						<input type="checkbox"/>	NON-OWNED AUTOS ONLY	BODILY INJURY (Per accident)	\$
										PROPERTY DAMAGE (Per accident)	\$
											\$
	<input type="checkbox"/>	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE	\$		
	<input type="checkbox"/>	<b>EXCESS LIAB</b>						AGGREGATE	\$		
	<input type="checkbox"/>	DED	<input type="checkbox"/>	RETENTION \$					\$		
	<input type="checkbox"/>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE	OTH-ER		
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	<b>Y / N</b>	<b>N / A</b>			E.L. EACH ACCIDENT	\$		
		If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$		
<b>B</b>		<b>Directors &amp; Officers</b>	<input checked="" type="checkbox"/>		<b>768629816</b>	<b>11/1/2024</b>	<b>11/1/2025</b>	<b>Deductible: \$2,500</b>	<b>2,000,000</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

RealManage Family of Brands - Vision Community Management  
 16625 South 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



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
10/31/2024

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PRODUCER Socher Insurance Agency, Inc. 7901 Stoneridge Drive, Suite 403 Pleasanton, CA 94588	CONTACT NAME:		
	PHONE (A/C, No, Ext):	(877) 317-9300	
	FAX (A/C, No):	(877) 317-9305	
	E-MAIL ADDRESS:	info@hoainsurance.net	
	PRODUCER CUSTOMER ID:	CAVECRE-01	
INSURED  Cave Creek Villas Homeowners Association Real Manage Family Of Brands   Vision Community Manage 16625 South Desert Foothills Pkw Phoenix, AZ 85048	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A :	American Alternative Insurance Corporation	
	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. Equipment Breakdown coverage included. Crime/Employee Dishonesty/Fidelity Bond includes Property Manager as an Employee.


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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	TBD_PCKG	11/01/2024	11/01/2025	<input checked="" type="checkbox"/> BUILDING	\$ 29,875,000	
	CAUSES OF LOSS				DEDUCTIBLES	PERSONAL PROPERTY	\$
	BASIC				BUILDING	BUSINESS INCOME	\$
	BROAD				10,000	EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL				CONTENTS	RENTAL VALUE	\$
	EARTHQUAKE					BLANKET BUILDING	\$
	WIND					BLANKET PERS PROP	\$
	FLOOD					BLANKET BLDG & PP	\$
	<input checked="" type="checkbox"/> water ded:				20,000	<input checked="" type="checkbox"/> Ord cov B:	\$ 1,000,000
	<input checked="" type="checkbox"/> Ord cov A: inc					<input checked="" type="checkbox"/> Ord cov C:	\$ 1,000,000
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$	
	CAUSES OF LOSS					\$	
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$	
						\$	
B	<input checked="" type="checkbox"/> CRIME	768629816	11/01/2024	11/01/2025	<input checked="" type="checkbox"/> Deductible: \$1,000	\$ 405,000	
	TYPE OF POLICY					\$	
	Fidelity Bond					\$	
	<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. 120 Units. Policy is Walls in including Betterments & Improvements. Severability of Interest included on Package Policy. Common elements included on policy.

### CERTIFICATE HOLDER

### CANCELLATION

RealManage Family of Brands - Vision Community Management 16625 South Desert Foothills Pkw 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 

10/31/2024

Cave Creek Villas Homeowners Association  
Disclosure Summary Form

Property: American Alternatie Insurance Corporation: 11/1/2024 - 11/1/2025

\$29,875,000 Special Form, (wind included) Guaranteed Replacement Cost with No Coinsurance, a \$10,000 Deductible per Occurrence, and a \$20,000 water deductible per unit. Equipment Breakdown is included.

General Liability: American Alternatie Insurance Corporation: 11/1/2024 - 11/1/2025

\$2,000,000 per Occurrence/General Aggregate with a \$0 Deductible.

\$2,000,000 Non-Owned and Hired Automobile Liability is included in this policy.

Umbrella Liability: No Coverage through our Agency.

Directors' and Officers' Liability: Continental Casualty Company: 11/1/2024 - 11/1/2025

\$2,000,000 per Occurrence/General Aggregate with a \$2,500 Retention per Occurrence.

Employee Dishonesty: Continental Casualty Company: 11/1/2024 - 11/1/2025

\$405,000 per Occurrence with a \$1,000 Deductible.

Workers' Compensation: No Coverage through our Agency.

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\*\****