

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/6/2024

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 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).

Socher Insurance Agency, Inc. 7901 Stongridge Drive, Suite 403		CONTACT NAME:						
		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 COVERAGE	NAIC#					
		INSURER A: Allianz Global Risks US Insuran						
INSURED	Park Premier Townhouse Association RealManage Family of Brands   Vision Community Manageme 16625 S Desert Foothills Pkwy	INSURER B: Federal Insurance Company						
		INSURER C : Continental Casualty Company						
		INSURER D :						
Phoenix, AZ 85048	•	INSURER E :						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER:	PEVISION NUM	MRED.					

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	TYPE OF INSURANCE		ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT		
A	v		INSD	WVD	POLICT NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMII	<u> </u>	1,000,000
_ A	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	
		CLAIMS-MADE X OCCUR	X		CLB1001454-00	11/1/2024	11/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
		W ACCRECATE LIMIT APPLIES PER								2,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO	Х		CLB1001454-00	11/1/2024	11/1/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED	^		322.001.01.00	1		` '	_	
	Х	AUTOS ONLY HIRED NUMBER  NON-OWNED						BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	^	AUTOS ONLY X NON-OWNED AUTOS ONLY						(Per accident)	\$	
									\$	
В	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
		EXCESS LIAB CLAIMS-MADE	Х		G74824717	11/1/2024	11/1/2025	AGGREGATE	\$	1,000,000
		DED X RETENTION \$ 0						AGGINEGATE	· ·	
	WOF							PER OTH-	\$	
	AND	RKERS COMPENSATION EMPLOYERS' LIABILITY Y / N						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	s	
С		ectors & Officers	Х		768629749	11/1/2024	11/1/2025	Deductible: \$1,000	_	1,000,000
-			<b></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 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



## CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 11/06/2024

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.

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PRODUCER	CONTACT NAME:						
Socher Insurance Agency, Inc.	PHONE (A/C, No, Ext): (877) 317-9300 FAX (A/C, No): (877)	317-9305					
7901 Stoneridge Drive, Suite 403 Pleasanton, CA 94588	E-MAIL ADDRESS: info@hoainsurance.net						
	PRODUCER CUSTOMER ID: PARKPRE-01						
	INSURER(S) AFFORDING COVERAGE	NAIC#					
INSURED	INSURER A: Allianz Global Risks US Insurance Company						
Park Premier Townhouse Association	INSURER B: Continental Casualty Company						
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.

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INSR LTR	SR TYPE OF INSURANCE		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	\$ 18,755,290		
	CAL	JSES OF LOSS	DEDUCTIBLES	CLB1001454-00	11/01/2024	11/01/2025	X	PERSONAL PROPERTY	\$ 25,000		
		BASIC	BUILDING 10,000					BUSINESS INCOME	\$		
		BROAD	CONTENTS					EXTRA EXPENSE	\$		
	X	SPECIAL	0011121110					RENTAL VALUE	\$		
		EARTHQUAKE						BLANKET BUILDING	\$		
		WIND						BLANKET PERS PROP	\$		
		FLOOD						BLANKET BLDG & PP	\$		
	Х	B.O. A: Include					X	B.O. B	\$ 500,000		
							X	B.O. C	\$ 500,000		
		INLAND MARINE		TYPE OF POLICY					\$		
	CAL	JSES OF LOSS							\$		
		NAMED PERILS		POLICY NUMBER					\$		
									\$		
В	Х	CRIME					Х	Deductible: \$1,000	\$ 565,000		
	TYF	PE OF POLICY							\$		
	Fic	delity Bond		768629749	11/01/2024	11/01/2025			\$		
		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. 157 Units. Policy is Barewalls. Severability of Interest included on Package Policy. Common elements included on policy.

CERTIFICATE HOLDER

CANCELLATION

RealManage Family of Brands | Vision Community Management 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

Dont



10/31/2024

## Park Premier Townhouse Association Disclosure Summary Form

Property: Allianz Global Risks: 11/1/2024 - 11/1/2025

\$18,755,290 Special Form (wind included), 100% Replacement Cost with No Coinsurance and a \$10,000 Deductible per Occurrence and \$25,000 Water Deductible per Unit/per Occurrence. Equipment Breakdown is included in this policy.

General Liability: Allianz Global Risks: 11/1/2024 - 11/1/2025

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

<u>Umbrella Liability: Federal Insurance Company: 11/1/2024 - 11/1/2025</u> \$1,000,000 Each Occurrence/General Aggregate with a \$0 self insured retention each occurrence.

<u>Directors' and Officers' Liability: Continental Casualty Company: 11/1/2024 - 11/1/2025</u> \$1,000,000 per Occurrence/General Aggregate with a \$1,000 Retention per Occurrence.

Employee Dishonesty: Continental Casualty Company: 11/1/2024 - 11/1/2025 \$565,000 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\*\*