

MSUMNER

VILLNOR-06

DATE (MM/DD/YYYY)
42/40/2024

Ĺ			CE	KII		BIL	ITY INS	SURAN	CE	12	/10/2024
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.											
lf	SU	RTANT: If the certificate ho BROGATION IS WAIVED, su ertificate does not confer righ	bject to	the	terms and conditions of	the po ch enc	licy, certain lorsement(s)	policies may			
PRODUCER Socher Insurance Agency, Inc. 7901 Stoneridge Drive, Suite 403 Pleasanton, CA 94588						CONTACT NAME:				(877) (317-9305
						INSURER(S) AFFORDING COVERAGE					NAIC #
									and Casualty Company	/, Inc.	
INSURED Villa Norte Homeowners' Association, Inc.								ental Casua	Ity Company		
		Real Manage Family Of	Brands	Visi	on Community Managem	INSURE					
		16625 South Desert Foot Phoenix, AZ 85048	Inins PK	wy		INSURER D : INSURER E :					
						INSURE	RF:				
					E NUMBER:				REVISION NUMBER:		
IN C E	IDICA ERTI XCLL	IS TO CERTIFY THAT THE POI ATED. NOTWITHSTANDING AN IFICATE MAY BE ISSUED OR N JSIONS AND CONDITIONS OF SL	Y REQU 1AY PEF ICH POL	IREM RTAIN, ICIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLIC REDUCED BY	CT OR OTHEF IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPE	ECT TO	WHICH THIS
		TYPE OF INSURANCE			POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	1,000,000
A	X					•	40/40/0004	40/40/0005	EACH OCCURRENCE	\$	100,000
		CLAIMS-MADE X OCCUR	X		1-HNY-AZ-01-01529956-0	0	12/19/2024	12/19/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	5,000
			_						MED EXP (Any one person) PERSONAL & ADV INJURY	\$	1,000,000
	GEN	J	-						GENERAL AGGREGATE	\$ \$	2,000,000
								PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:									\$	
A	AUT								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO OWNED AUTOS ONLY AUTOS	X		1-HNY-AZ-01-01529956-0	0	12/19/2024	12/19/2025	BODILY INJURY (Per person)	\$	
	x	OWNED AUTOS ONLY HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)		
	^	AUTOS ONLY							(Per accident)	\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-M	ADE						AGGREGATE	\$	
		DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCL UDED?								PER OTH- STATUTE ER		
									E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under								E.L. DISEASE - EA EMPLOYEE \$		
в		CRIPTION OF OPERATIONS below ectors & Officers	X		768635356		12/19/2024	12/19/2025	E.L. DISEASE - POLICY LIMIT Deductible: \$1,000	\$	1,000,000
Plea	Se S	FION OF OPERATIONS / LOCATIONS / VI ee Certificate of Property, Acor FICATE HOLDER	d 24, for	build	ing values.	CANC SHC THE	CELLATION	THE ABOVE D	ESCRIBED POLICIES BE C		
Real Manage Family Of Brands Vision Community Management 16625 South Desert Foothills Pkwy						ACCORDANCE WITH THE POLICY PROVISIONS.					

AUTHORIZED REPRESENTATIVE



Phoenix, AZ 85048

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CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 12/10/2024

MSUMNER

C B	ERT	IFICATE DO	ES NOT AFFIR	AS A MATTER OF INFORMATION (MATIVELY OR NEGATIVELY AMEN F INSURANCE DOES NOT CONSTI R, AND THE CERTIFICATE HOLDER.	ID, EXTEND OR TUTE A CONTR	ALTER THE CO	OVER	RAGE AFFORDED	BY TH	E POLICIES		
PRO	DUCE	R			NAME:	CONTACT NAME:						
Soc	ner	Insurance Ag	ency, Inc.		(A/C, No, Ext): (O	PHONE (A/C, No, Ext): (877) 317-9300 FAX (A/C, No): (877) 317-9305						
		oneridge Driv ton, CA 94588			E-MAIL ADDRESS: info	E-MAIL ADDRESS: info@hoainsurance.net						
		,			PRODUCER CUSTOMER ID:	PRODUCER CUSTOMER ID: VILLNOR-06						
						INSURER(S) AFFORDING COVERAGE						
INSL	RED				INSURER A : AC	INSURER A : Accredited Surety and Casualty Company, Inc.						
		Villa No	rto Homoownor	s' Association. Inc.	INSURER B : CO	INSURER B : Continental Casualty Company						
				⁵ Brands Vision Community Manage		INSURER C :						
		16625 S	outh Desert Fo	othills Pkwy	INSURER D :							
		Phoenix	, AZ 85048		INSURER E :							
					INSURER F :							
60		AGES		CERTIFICATE NUMBER:	INCORERT .		RE\	ISION NUMBER:		1		
_				-	va Cabadula if mana an			ISION NOWBER.				
Plea Equi	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											
				AY PERTAIN, THE INSURANCE AFFORDE SUCH POLICIES. LIMITS SHOWN MAY HA'				IS SUBJECT TO ALL T	HE TER	MS,		
		TYPE OF IN		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY		LIMITS		
A	x	PROPERTY						BUILDING	\$			
		JSES OF LOSS	DEDUCTIBLES	1-HNY-AZ-01-01529956-00	12/19/2024	12/19/2025		PERSONAL PROPERTY	\$			
		BASIC	BUILDING					BUSINESS INCOME	\$			
		BROAD	5,000					EXTRA EXPENSE	\$			
	x	SPECIAL	CONTENTS					RENTAL VALUE	\$			
				-			X			7,611,531		
		EARTHQUAKE		-			X	BLANKET BUILDING	\$	25,000		
		WIND					^	BLANKET PERS PROP	\$	20,000		
	v	FLOOD B.O. COV A: In		-			x	BLANKET BLDG & PP B.O. COV B	\$	761,153		
	X	2.0.007 A. III		-			^	B.O. COV C	\$	761,153		
							X	5.0.0070	\$	701,155		
		INLAND MARINE	1	TYPE OF POLICY					\$			
	CAUSES OF LOSS					_						
		NAMED PERILS		POLICY NUMBER					\$			
									\$			
B	Х	CRIME					X	Deductible: \$1,000	\$	50,000		
		PE OF POLICY							\$			
	Fic	delity Bond		768635356	12/19/2024	12/19/2025			\$			
		BOILER & MACH							\$			
									\$			
									\$			
									\$			
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 no inflation guard is included. 20 Units. Policy is Walls in excluding Betterments & Improvements. Severability of Interest included on Package Policy. Common elements included on policy.												
CE	211				CANCELLAT							
	111	IGATE HULL										
Real Manage Family Of Brands Vision Community Management 16625 South Desert Foothills Pkwy					THE EXPIRA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Phoenix, AZ 85048												
AC	ORE	0 24 (2016/03)			© 1995-2015 AC	ORD	CORPORATION.	All rigl	nts reserved.		