PCONRAD



# CERTIFICATE OF LIABILITY INSURANCE

12/30/2024

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 Socher In		CONTACT NAME: PHONE (A/C, No, Ext): (877) 317-9300 FAX (A/C, No): (877) 317-9305				
7901 Ston	eridge Drive. Suite 403					
Pleasanto	surance Agency, Inc. eridge Drive, Suite 403 n, CA 94588	E-MAIL ADDRESS: info@hoainsurance.net				
		INSURER(S) AFFORDING C	NAIC#			
		INSURER A : Everspan Indemnity Ins				
INSURED	Shadow Mountain Villas Condominium Association	INSURER B: Federal Insurance Company				
	RealManage Family of Brands	INSURER C : Continental Casualty Co				
	Vision Community Management	INSURER D :				
	16625 S Desert Foothills Pkwy Phoenix, AZ 85048	INSURER E :				
	1 11001111, 1 1 000 10	INSURER F:				

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.

NSR LTR		TYPE OF INSUR	RANC	E	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S	
A	Х	COMMERCIAL GENER	AL LI	ABILITY	11100			(11111)25,11111	(11111/20/11/11/	EACH OCCURRENCE	s	1,000,000
		CLAIMS-MADE	X	OCCUR			LB1EII00011801-02	12/26/2024	12/26/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
										MED EXP (Any one person)	\$	Excluded
										PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			ES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT	PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:								Deductible	s	5,000
Α	1.0000000000000000000000000000000000000							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
		ANY AUTO				LB1EII00011801-02		12/26/2024	12/26/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS			BODILY INJURY (Per accident)	\$							
X	X	X HIRED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
											\$	
В	X	UMBRELLA LIAB	X	OCCUR			G74664647-G74850674 12/26/2024			EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB	18	CLAIMS-MADE				12/26/2025	AGGREGATE	\$	5,000,000	
		DED X RETENTION	NS	0							\$	
	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY	,	Y/N						PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/A					E.L. EACH ACCIDENT	\$		
									E.L. DISEASE - EA EMPLOYEE	\$		
	If yes	s, describe under CRIPTION OF OPERATION	ONS E	pelow						E.L. DISEASE - POLICY LIMIT	\$	
С	Dire	ectors & Officers					768588958	12/26/2024	12/26/2025	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.

RealManage Family of Brands/Vision Community Management is added as part of the Named Insured in regards to community management services for Shadow Mountain Villas Codominium Association.

CENTIFICATE HOLDEN	CANCELLATION				
RealManage Family of Brands/Vision Community Management 16225 S Desert Foothills Pkwy	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	Paula L. Comal				

CANCELLATION

CERTIFICATE UOI DED



### CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 12/30/2024

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	17-9305				
7901 Stoneridge Drive, Suite 403 Pleasanton, CA 94588	E-MAIL ADDRESS: info@hoainsurance.net					
Toucanton, 97 04000	PRODUCER CUSTOMER ID: SHADMOU-01					
	INSURER(S) AFFORDING COVERAGE					
INSURED	INSURER A: Beazley Excess and Surplus Insurance, Inc.					
<b>Shadow Mountain Villas Condominium Association</b>	INSURER B: Continental Casualty Company					
RealManage Family of Brands Vision Community Management	INSURER C: Hartford Steam Boiler					
16625 S Desert Foothills Pkwy	INSURER D:					
Phoenix, AZ 85048	INSURER E :					
	INSURER F:					

**REVISION NUMBER: COVERAGES CERTIFICATE 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			POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY	LIMITS	
Α	X	PROPERTY					X	X BUILDING		30,184,990
	CAUSES OF LOSS DEDUCTIBLES  BASIC BUILDING 100,000  BROAD CONTENTS  X SPECIAL		DEDUCTIBLES	TBD_PROP	12/26/2024	12/26/2025		PERSONAL PROPERTY	\$	
			BUILDING 100.000					BUSINESS INCOME	\$	
			2 -2 3 5 2 2 2					EXTRA EXPENSE	\$	
			0011121110					RENTAL VALUE	\$	
		EARTHQUAKE						BLANKET BUILDING	\$	
		WIND						BLANKET PERS PROP	\$	
		FLOOD						BLANKET BLDG & PP	\$	
	X	Ord Cov A Incl					X	Please See Remarks	\$	
							X	Ord Cov B&C 10%	\$	
		INLAND MARINE		TYPE OF POLICY					\$	
	CAI	AUSES OF LOSS							\$	
		NAMED PERILS		POLICY NUMBER					\$	
									\$	
В	X	CRIME					X	Deductible \$1,000	\$	500,000
	TYF	PE OF POLICY							\$	
	Fic	delity Bond		768588958	12/26/2024	12/26/2025			\$	
С	Х	X BOILER & MACHINERY / EQUIPMENT BREAKDOWN					X	Deductible \$1,000	\$	29,623,440
				FBP2378963	12/26/2024	12/26/2025			\$	
									\$	
									\$	

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. No inflation guard included. 265 Units. Policy is Walls In if your Condominium Association Agreement requires it. Severability of Interest included on Package Policy. Common elements included on policy.

RealManage Family of Brands/Vision Community Management is added as part of the Named Insured in regards to community management services for Shadow Mountain Villas Codominium Association.

CERTIFICATE HOLDER	CANCELLATION				
RealManage Family of Brands/Vision Community Management 16625 S Desert Foothills Pkwy	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	AUTHORIZED REPRESENTATIVE				

LOC #:



# ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Socher Insurance Agency, Inc.		NAMED INSURED Shadow Mountain Villas Condominium Association RealManage Family of Brands				
POLICY NUMBER		Vision Community Management 16625 S Desert Foothills Pkwy				
SEE PAGE 1		Phoenix, AZ 85048				
CARRIER	NAIC CODE					
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: CCC DACC 4				

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 24 FORM TITLE: Certificate of Property Insurance

Property Coverage Breakdown and Deducitlbles \$5,000,000 ½ Primary Landmark American Insurance Company \$5,000,000 ½ Primary Beazley Excess & Surplus Insurance, Inc. \$20,184,990 Excess Homeland Insurance Company of New York

Deductible: 5% per Bldg. For Wind & Hail Minimum of \$100,000 \$100,000 for All Other Perils



12/27/2024

### **Shadow Mountain Villas Condominium Association**

**Disclosure Summary Form** 

<u>Property:</u> Landmark/Beazley/Homeland: 12/26/2024 - 12/26/2025 \$30,184,990 (Layered) Special Form, **Replacement Cost** with **No Coinsurance** and a 5% per Bldg. For Wind & Hail Minimum of \$100,000 and \$100,000 for All Other Perils Deductible per Occurrence.

<u>General Liability:</u> Everspan Indemnity Insurance Company: 12/26/2024 - 12/26/2025 \$1,000,000/\$2,000,000 per Occurrence/General Aggregate with a \$5,000 Deductible. \$1,000,000 Non-Owned and Hired Automobile Liability is included in this policy.

<u>Umbrella Liability:</u> Federal Insurance Company: 12/26/2024 - 12/26/2025 \$5,000,000 Each Occurrence/General Aggregate with a \$0 self insured retention each occurrence.

<u>Directors' and Officers' Liability:</u> Continental Casualty Company: 12/26/2024 - 12/26/2025 \$1,000,000 per Occurrence/General Aggregate with a \$1,000 Retention per Occurrence.

<u>Employee Dishonesty:</u> Continental Casualty Company: 12/26/2024 - 12/26/2025 \$500,000 per Occurrence with a \$1,000 Deductible.

Workers' Compensation: No Coverage through our Agency.

Equipment Breakdown Coverage: The Hartford Steam Boiler Inspection and Ins. Co.: 12/26/2024 - 12/26/2025 The limits of liability are \$29,263,440 with a \$1,000 deductible.

<u>Earthquake Insurance:</u> 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\*\*