

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/17/2025

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to				•	•	•	require an endorsement	. A sta	atement on	
	DUCER	Jule	Cert	incate floider in fled of St	CONTA		<u>)·</u>				
LaBarre/Oksnee Insurance					NAME: PHONE (A/C, No, Ext): 800-698-0711 FAX (A/C, No) : 949-588-1275						
30 Enterprise, Suite 180					F-MAII						
Aliso Viejo CA 92000 Address: proof@noa-in											
_					INSURER(S) AFFORDING COVERAGE					NAIC#	
10101	nen.			ATV-HOA-01	INSURER A: American Alternative Ins Co.					19720	
INSU AT	V-1 HOA			A11-110A-01	INSURER B: PMA Insurance Group					12262	
c/o	Vision Community Mgmt				INSURER C:						
	625 S. Desert Foothills Pkwy Denix AZ 85048-9927				INSURER D:						
1 11	DEIIIX AZ 03040-9921				INSURER E :						
	VED 4.050	T.F.			INSURE	INSURER F:					
	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES			E NUMBER: 1451136618	VE DEE	N ISSUED TO		REVISION NUMBER:	JE DOI	ICV BEBIOD	
	DICATED. NOTWITHSTANDING ANY RE										
	ERTIFICATE MAY BE ISSUED OR MAY I							HEREIN IS SUBJECT TO) ALL T	THE TERMS,	
INSR		ADDL	SUBR		BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP						
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT			
Α		Υ		CAU506697-6		2/1/2025	2/1/2026	EACH OCCURRENCE DAMAGE TO RENTED	\$1,000		
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$1,000		
								MED EXP (Any one person)	\$5,000		
								PERSONAL & ADV INJURY	\$ 1,000		
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC LOC							GENERAL AGGREGATE	\$ Unlim		
								PRODUCTS - COMP/OP AGG	\$ 1,000 \$,000	
A	OTHER: AUTOMOBILE LIABILITY			CAU506697-6		2/1/2025	2/1/2026	COMBINED SINGLE LIMIT	\$ 1,000	000	
	ANY AUTO			CA0300091-0		2/1/2023	2/1/2020	(Ea accident) BODILY INJURY (Per person)	\$ 1,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	OWNED SCHEDULED							, , ,	\$		
	X HIRED X NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR							EAGU GOOURDENOS	-		
	Exerce Lab							EACH OCCURRENCE	\$		
	CLAIWS-IWADL							AGGREGATE	\$		
В	DED RETENTION \$ WORKERS COMPENSATION			2025010964833Y		2/1/2025	2/1/2026	X PER OTH-	D		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE			20200100010001		2, 1, 2020	27.72020	E.L. EACH ACCIDENT	\$ 500,0		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 500,0		
Α	Property			CAU506697-6		2/1/2025	2/1/2026	\$1,000 Deductible	\$50,7		
A A	Crime/Fidelity Directors & Officers	Y		CAU506697-6 CAU506697-6		2/1/2025 2/1/2025	2/1/2026 2/1/2026	\$0 Deductible \$0 Deductible	\$225, \$1,00	,000 0,000	
				CAU300097-0		2/1/2023	2/1/2020		ψ1,00	0,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may be	e attached if more	e space is require	ed)			
Ma	nagement Company is Additionally Insur	ed o	n the	General Liability, D&O Lia	bility, a	nd Fidelity/Cri	ime.	•			
но	A consists of 112 units. Located in Phoe	enix,	AZ.								
See	e Attached										
CEI	RTIFICATE HOLDER				CANO	ELLATION					
					<u> </u>						
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEI											
Vision Community Market						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Vision Community Management 16625 S Desert Foothills Pkwy											
Phoenix AZ 85048					AUTHORIZED REPRESENTATIVE						
USA											

AGENCY CUSTOMER	ID: ATV-HOA-01
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LOC #:

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ACORD °

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

7.551110117		11(1(O O O 1) E D O E E				
AGENCY LaBarre/Oksnee Insurance		NAMED INSURED ATV-1 HOA				
POLICY NUMBER		c/o Vision Community Mgmt 16625 S. Desert Foothills Pkwy Phoenix AZ 85048-9927				
CARRIER	NAIC CODE	_				
		EFFECTIVE DATE:				
ADDITIONAL REMARKS						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO AC		NOUBANGE				
FORM NUMBER: 25 FORM TITLE: CERTIFICATE C	JF LIABILITY I	NSURANCE				
Coverage is for COMMON AREAS ONLY.						
Special Form with 100% Guaranteed Replacement Cost. Wind/Hail (excludes direct loss to Trees/Shrubs). Building Ordinance or Law. Severability of Interest / Separation of Insureds. No Co-Insurance. Equipment Breakdown.						
D&O is a Claims-Made Policy						
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