



ADDITIONAL REMARKS SCHEDULE

AGENCY LaBarre/Oksnee Insurance		NAMED INSURED ATV-1 HOA c/o Vision Community Mgmt 16625 S. Desert Foothills Pkwy Phoenix AZ 85048-9927	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

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