



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/29/2025

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. 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).

<b>PRODUCER</b> Socher Insurance Agency, Inc. 7901 Stoneridge Drive, Suite 403 Pleasanton, CA 94588	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>(877) 317-9300</b>	FAX (A/C, No): <b>(877) 317-9305</b>
	<b>E-MAIL ADDRESS:</b> info@hoainsurance.net	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Arboleda Ranch Homeowners' Association Vision Community Management 16625 S. Desert Foothills Pkwy Phoenix, AZ 85048	<b>INSURER A:</b> Lio Insurance Company	
	<b>INSURER B:</b> PMA Insurance Group	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			HOA1000045212-00	2/1/2025	2/1/2026	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			HOA1000045212-00	2/1/2025	2/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						AGGREGATE \$
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
B	<b>Directors &amp; Officers</b>			ADOAZF182386522	2/1/2025	2/1/2026	deductible: \$0 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Coverage is for the Common Area Only. Coverage does not extend to the lots and/or any privately owned units whether owner or tenant occupied within the PUD.

**CERTIFICATE HOLDER**

**CANCELLATION**

for informational purposes only	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)  
01/29/2025

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.

<b>PRODUCER</b> Socher Insurance Agency, Inc. 7901 Stoneridge Drive, Suite 403 Pleasanton, CA 94588	<b>CONTACT NAME:</b>		<b>PHONE (A/C, No, Ext):</b> (877) 317-9300		<b>FAX (A/C, No):</b> (877) 317-9305
	<b>E-MAIL ADDRESS:</b> info@hoainsurance.net				
	<b>PRODUCER CUSTOMER ID:</b> AROBRAN-01				
<b>INSURED</b>  <b>Arboleda Ranch Homeowners' Association</b> <b>Vision Community Management</b> <b>16625 S. Desert Foothills Pkwy</b> <b>Phoenix, AZ 85048</b>	<b>INSURER(S) AFFORDING COVERAGE</b>				<b>NAIC #</b>
	<b>INSURER A : Lio Insurance Company</b>				
	<b>INSURER B : PMA Insurance Group</b>				
	<b>INSURER C :</b>				
	<b>INSURER D :</b>				
	<b>INSURER E :</b>				
<b>INSURER F :</b>					

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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		
<b>A</b>	<input checked="" type="checkbox"/> PROPERTY	<b>HOA1000045212-00</b>	<b>02/01/2025</b>	<b>02/01/2026</b>	BUILDING	\$		
	CAUSES OF LOSS				DEDUCTIBLES	PERSONAL PROPERTY	\$	
	<input type="checkbox"/> BASIC				BUILDING	1,000	BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD				CONTENTS		EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL						RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE						<input checked="" type="checkbox"/> BLANKET BUILDING	\$ 176,000
	<input type="checkbox"/> WIND						BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD						BLANKET BLDG & PP	\$
								\$
								\$
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY			\$			
	CAUSES OF LOSS				\$			
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER			\$			
					\$			
<b>B</b>	<input checked="" type="checkbox"/> CRIME	<b>00500909</b>	<b>02/01/2025</b>	<b>02/01/2026</b>	<input checked="" type="checkbox"/> deductible: \$1,000	\$ 50,000		
	TYPE OF POLICY					\$		
	<b>Fidelity Bond</b>					\$		
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN				\$			
					\$			
					\$			
					\$			

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Special Form, Replacement Cost Basis.  
 Coverage is for the Common Area Only. 31 units.  
 Includes inflation guard of 4%.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
for informational purposes only	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 