

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/29/2024

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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	the	cert	ificate holder in lieu of st	CONTAC).					
LaBarre/Oksnee Insurance				NAME: PHONE 000 000 0744 FAX 040 500 4075							
30 Enterprise, Suite 180				(A/C, No, Ext): 800-698-0711 (A/C, No): 949-588-1275							
Aliso Viejo CA 92656					ADDRESS: proot@hoa-insurance.com						
					INSURER(S) AFFORDING COVERAGE NAIC #						
LOSOLIV-04					INSURER A : American Alternative Ins Co. 19720						
LOSOLIV-04 Los Olivos Hermoso Townhome Assn					INSURER B : PMA Insurance Group 12262						
c/o Vision Community Mgmt				INSURER C : INSURER D :							
16625 S. Desert Foothills Pkwy Phoenix AZ 85048											
COVERAGES CEF	TIFIC		NUMBER: 728115554	INSUREI	INSURER F : REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES		-			N ISSUED TO			IE POL	ICY 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		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
A X COMMERCIAL GENERAL LIABILITY	Y		CAU505832-5		1/1/2025	1/1/2026	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000	,000		
CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$ 1,000	,000		
							MED EXP (Any one person)	\$ 5,000			
							PERSONAL & ADV INJURY	\$ 1,000	,000		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
							PRODUCTS - COMP/OP AGG	\$ 1,000	,000		
OTHER:							COMBINED SINGLE LIMIT	\$	202		
			CAU505832-5		1/1/2025	1/1/2026	(Ea accident)	\$ 1,000	,000		
ANY AUTO							BODILY INJURY (Per person)	\$			
AUTOS ONLY AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$			
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							(Per accident)	\$ \$			
							EACH OCCURRENCE	\$			
CLAIMS-WADE							AGGREGATE	\$			
B WORKERS COMPENSATION			2025014871596		1/1/2025	1/1/2026	X PER OTH- STATUTE ER	\$			
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE			2020014071030		1/ 1/2025	1/ 1/2020		♠ E00.0	00		
OFFICER/MEMBER EXCLUDED?	N / A						E.L. EACH ACCIDENT	\$ 500,0			
If ves, describe under							E.L. DISEASE - EA EMPLOYEE	\$ 500,0			
DÉSCRIPTION OF OPERATIONS below	-		CAU505832-5		1/1/2025	1/1/2026	E.L. DISEASE - POLICY LIMIT \$2,500/\$5,000 Ded	\$21,0	35,875		
A Crime/Fidelity A Directors & Officers	Y Y		CAU505832-5 CAU505832-5		1/1/2025 1/1/2025	1/1/2026 1/1/2026	\$0 Deductible \$0 Deductible	\$150, \$1,00	000 0,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC			101, Additional Remarks Schedul	le, may be	attached if mor	e space is require	ed)				
HOA consists of 76 units. Located in Phoe	enix, A	Ζ.									
Management Company is Additionally Insu	red o	n the	General Liability, D&O Lial	bility, an	nd Fidelity/Cr	ime.					
See 2nd page of certificate of insurance fo	r furth	er co	verage information.								
			-								
See Attached											
CERTIFICATE HOLDER					ELLATION						
Vision Community Management 16625 S. Desert Foothills Pkwy Phoenix AZ 85048 USA					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						
USA		Jour CK									
					© 19	88-2015 AC	ORD CORPORATION.	All riat	nts reserved.		

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AGENCY CUSTOMER ID: LOSOLIV-04

LOC #:

ACORD	

ADDITIONAL REMARKS SCHEDULE

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AGENCY LaBarre/Oksnee Insurance	NAMED INSURED Los Olivos Hermoso Townhome Assn c/o Vision Community Mgmt			
POLICY NUMBER		16625 S. Desert Foothills Pkwy Phoenix AZ 85048		
CARRIER	NAIC CODE			
		EFFECTIVE DATE:		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

All In (Walls In, Including Betterments and Improvements)

Coverage Includes: \$5,000 Water Damage Deductible / \$2,500 All Other Peril Deductible Special Form with 100% Guaranteed Replacement Cost Wind/Hail Equipment Breakdown Building Ordinance or Law A+B+C Inflation Guard and/or limits are reviewed yearly to ensure 100% Replacement Cost Severability of Interest / Separation of Insureds Waiver of Rights of Recovery No Co-Insurance D&O is a Claims-Made Policy





Los Olivos Hermoso Townhouse Association Unit Owner Coverage Letter

The Association maintains a master insurance policy. This policy includes **General Liability** (protects the association from lawsuits arising out of the third party injuries), **Directors & Officers Liability** (protects the association from claims or lawsuits against the board), and **Fidelity/Crime coverage** (protects the money in the bank from fraudulent or dishonest acts). The Association also carries property coverage to insure the buildings and finished interiors (including fixtures, all built-in or set-in appliances, cabinets, countertops and initial basic floor coverings as initially installed per the original plans and specifications, including upgrades, betterments & Improvements) for property damage. Some examples of the perils you are insured for are wind, hail, lightening, fire, vandalism, malicious mischief, explosion, and sudden and accidental water damage. There are certain exclusions to the master policy such as your personal property, standard maintenance, items damaged by normal wear and tear or pest (vermin) damage and subsidence.

The Association has a \$5,000 Water Damage Deductible and a \$2,500 All Other Peril Deductible, which depending on the circumstances of the loss, could be your responsibility as the homeowner.

While the Association's master insurance policy will cover many insurance needs for unit owners, we strongly encourage every owner to carry a personal condominium unit owners policy (HO-6) for items not covered by the Associations policy.

What Insurance Coverage does a Unit Owner Need?

- **Personal Property** coverage WITH replacement cost covering your personal belongings as the master association policy does not cover for Unit Owner's personal property.
- Coverage is provided for the building and the condominium unit for covered causes of loss, subject to the deductible. Coverage is provided back to original specifications and includes betterments and improvements.
- Please be sure to notify your personal insurance agent that this association carries a <u>\$5,000 Water Damage</u> <u>Deductible and a \$2,500 All Other Peril Deductible</u> so that you are covered in the event you are responsible for that Deductible, or you have a loss sustained within your Unit that is less than the Deductible.
- Loss of Use will pay the unit owners living expense while the unit is not inhabitable due to an insured loss. If your condo is rented out, this coverage will be replaced with Loss of Rents coverage.
- Loss Assessment will pay the owners share of a special assessment levied due to an insured loss exceeding the associations master policy limits.
- **Personal Liability** pays for bodily injuries to other people or damage to their property if you are liable resulting from unintentional acts committed by qualified family members including sporting activities and acts of your pets.

Be sure to touch base with your personal insurance agent today to ensure you are properly insured, or if you would like a competitive quote, you can call a Personal Lines Expert, **Tina Terrell**, direct at **949-382-6055**. Thank you!







EOI Instructions for Homeowners: How to Obtain Proof of Renewal for Lender

Go to www.EOIDirect.com

- Under First-Time Users, select *Homeowner/Home Buyer* from the drop-down -Continue
- Enter your email and create a password
- Next to the "I am A", select *Homeowner/ Home Buyer* from the drop-down -Continue

Homeowner/ Home Buyer Registration:

Fill-out and complete homeowner's information -Save and Continue

User Service Agreement:

Review terms (some will not apply to homeowners)

-Accept and Continue

Successfully Registered:

-Continue ightarrow You will be transferred to the Log-In Screen

Under 'Existing Users,' enter your newly created username and password

Control Center Screen:

Click on the words "Evidence of Insurance": Order a Certificate of Insurance Fill in Homeowners Association Name and Select State** **You will need to know the association's legal name -Continue

Next, select the association that best matches

-Continue

Homeowners/ Homebuyers Reason for Certificate:

Select I have received a letter from my lender requesting an annual update of my insurance policy. (Your lender may indicate they will be purchasing, or have purchased, insurance on your behalf).

-Continue

Next, you will be asked to input *Borrowers Last Name and Loan Number* to locate your account. If the system does not find your lender's information, then you will be given the opportunity to input that information.

-Fill in required fields and click Continue

<u>Select Delivery Method</u>: Select preferred method of delivery. Email or Fax options will both be **free of charge.** -Continue

Lastly, write the order number at the top of the Lenders Request letter and fax to (208) 379- 4341.

A copy of the Certificate of Liability with the updated mortgagee clause will be sent to your lender, in addition to you as requested.