

CJIMINEZ



DATE (MM/DD/YYYY) 2/7/2025

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).

	DUCE		t comer rights t	o trie	Cert	incate noider in ned of su	CONTAC NAME:		•					
Socher Insurance Agency, Inc.							PHONE (A/C, No, Ext): (877) 317-9300 FAX (A/C, No): (877) 317-9305							
7901 Stoneridge Drive, Suite 403 Pleasanton, CA 94588								E-MAIL ADDRESS: info@hoainsurance.net						
		•					INSURER(S) AFFORDING COVERAGE						NAIC#	
							INSURER A : (STANDARD) Accelerant National Insurance Compar					mpany		
INSURED								INSURER B : Federal Insurance Company						
						Association, Inc.	INSURER C. Continental Casualty Company							
			Family Of Bran		Visio	n Community Manageme	INSURER D :							
		Phoenix, AZ		wy,			INSURER E :							
							INSURER F:							
СО	VER	AGES	CER	TIFIC	CATE	E NUMBER:				REVISION NUM	IBER:			
IN C	IDIC <i>A</i> ERTI	ATED. NOTWITHS' FICATE MAY BE IS	TANDING ANY R SSUED OR MAY	EQUI PER	REMI	SURANCE LISTED BELOW I ENT, TERM OR CONDITION , THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WIT BED HEREIN IS SU	H RESPE	CT TO	WHICH THIS	
INSR LTR		TYPE OF INSU			SUBR			POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY)		LIMITS				
Α	Х	COMMERCIAL GENER	RAL LIABILITY	INOD				(MINIOD/11111)	(IVIIVI/DD/11111)	EACH OCCURRENC	CE .	\$	1,000,000	
		CLAIMS-MADE	X OCCUR			N030PK3317-00		2/1/2025	2/1/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)		\$	100,000	
										MED EXP (Any one)		\$	5,000	
										PERSONAL & ADV I	,	\$	1,000,000	
	GEN	N'L AGGREGATE LIMIT A	APPLIES PER:							GENERAL AGGREG		\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC								PRODUCTS - COMP		\$	2,000,000		
		OTHER:									, , , , , , ,	\$		
Α	AUTOMOBILE LIABILITY ANY AUTO								COMBINED SINGLE (Ea accident)	LIMIT	\$	1,000,000		
					NO	N030PK3317-00		2/1/2025	2/1/2026	BODILY INJURY (Pe	er person)	\$		
		OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Pe		\$		
	X	HIRED X	NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$		
												\$		
В	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	Œ	\$	3,000,000			
		EXCESS LIAB CLAIMS-MADE G74865306		2/1/2025	2/1/2026	AGGREGATE	\$	3,000,000						
		DED X RETENTION	ON \$ 0									\$		
	WOR	RKERS COMPENSATION EMPLOYERS' LIABILIT	۱ ۲							PER STATUTE	OTH- ER			
			N/A						E.L. EACH ACCIDEN	NT	\$			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A						E.L. DISEASE - EA E	MPLOYEE	\$		
										E.L. DISEASE - POLICY LIMIT \$		\$		
С	Directors & Officers					768593710		2/1/2025	2/1/2026	Deductible - \$1	1,000		1,000,000	
DES	CRIPT	TION OF OPERATIONS / ee Certificate of Pr	LOCATIONS / VEHIC	LES (A	ACORI	0 101, Additional Remarks Schedu	le, may b	e attached if more	e space is requi	red)				
riea	se se	ee Certificate of Pr	operty, Acord 24	, 101	bullu	ing values.								
CERTIFICATE HOLDER							CANCELLATION							
							 -		FILE A B 6 1 7 = =		.EO EE E		ED DEE65-	
Vision Community Management							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN							
							ACCORDANCE WITH THE POLICY PROVISIONS.							

ACORD 25 (2016/03)

Phoenix, AZ 85048

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AUTHORIZED REPRESENTATIVE



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 02/07/2025

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.

•								
PRODUCER	CONTACT NAME:							
Socher Insurance Agency, Inc.	PHONE (A/C, No, Ext): (877) 317-9300 FAX (A/C, No): (877) 317-9305							
Socher Insurance Agency, Inc. 7901 Stoneridge Drive, Suite 403 Pleasanton, CA 94588	E-MAIL ADDRESS: info@hoainsurance.net							
	PRODUCER CUSTOMER ID: THEGREA-01							
	INSURER(S) AFFORDING COVERAGE NAIC #							
INSURED	INSURER A: (STANDARD) Accelerant National Insurance Company 10220							
The Greater Granville Homeowner's Association, Inc.	INSURER B: Continental Casualty Company							
RealManage Family Of Brands Vision Community Manage	m INSURER C:							
16625 S Desert Foothills Pkwy, Phoenix, AZ 85048	INSURER D :							
Filloellix, AZ 03040	INSURER E :							
	INSURER F:							

COVERAGES CERTIFICATE NUMBER: REVISION 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 IN	SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY		LIMITS	
Α	Х	PROPERTY					Х	BUILDING	\$	35,289,000
	CAL	CAUSES OF LOSS DEDUCTIBLES		N030PK3317-00	02/01/2025	02/01/2026	X PERSONAL PROPERTY		\$	25,000
	BASIC BUILDING 25,000 BROAD CONTENTS X SPECIAL EARTHQUAKE WIND FLOOD		BUILDING 25 000					BUSINESS INCOME	\$	
			CONTENTS					EXTRA EXPENSE	\$	
			0011121110					RENTAL VALUE	\$	
								BLANKET BUILDING	\$	
								BLANKET PERS PROP	\$	
								BLANKET BLDG & PP	\$	
	X	Deductible per					X	Ord Cov B/bldg	\$	300,000
	X	Ord Cov A: Inc					X	Ord Cov C/bldg	\$	300,000
	INLAND MARINE			TYPE OF POLICY					\$	
	CAUSES OF LOSS								\$	
	NAMED PERILS			POLICY NUMBER					\$	
									\$	
В	X CRIME						Х	Deductible - \$1,000	\$	525,000
	TYPE OF POLICY								\$	
	Fidelity Bond			768593710	02/01/2025	02/01/2026			\$	
	BOILER & MACHINERY /								\$	
	EQUIPMENT BREAKDOWN]	\$	
									\$	
]	\$	

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

Special Form (wind included), Guaranteed Replacement Cost Basis with No Co-Insurance. 284 Units. Policy is Barewalls. Severability of Interest included on Package Policy. Common elements included on policy.

CERTIFICATE HOLDER	CANCELLATION					
Vision Community Management 16625 S Desert Foothills Pkwy Phoenix. AZ 85048	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					
	Chuid Jimm					