SOUTENC-01

CREA

ACORD°

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/11/2025

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).

tr	is certificate does not confer rights to				ıch end	lorsement(s)		require an endorsemen	it. A 3ti			
	DUCER				CONTA NAME:							
Socher Insurance Agency, Inc. 7901 Stoneridge Drive, Suite 403						PHONE (A/C, No, Ext): (877) 317-9300 FAX (A/C, No): (877) 317-9305						
Plea	santon, CA 94588				E-MAIL ADDRE	_{ss:} info@ho	ainsurance	e.net				
						INS	SURER(S) AFFO	RDING COVERAGE		NAIC #		
					INSURE	RA: Americ	an Alternat	ive Insurance Corpor	ation			
INSURED						INSURER B:						
	Southern Enclave Homeowr RealManage Family Of Brar	nds Vision Community Managem			INSURER C:							
	16625 South Desert Foothill				INSURER D:							
	Phoenix, AZ 85048				INSURE							
					INSURE	RF:						
				E NUMBER:				REVISION NUMBER:				
	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R											
С	ERTIFICATE MAY BE ISSUED OR MAY	PER	TAIN,	, THE INSURANCE AFFOR	DED BY	THE POLICI	IES DESCRIE	BED HEREIN IS SUBJECT T				
L. INSR	XCLUSIONS AND CONDITIONS OF SUCH				BEEN F	POLICY EFF	PAID CLAIMS POLICY EXP					
A	R TYPE OF INSURANCE		SUBR	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000		
^	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			CAUE20444 4	0/4/0005		0/4/0000	DAMAGE TO RENTED	\$	1,000,000		
	CLAIMS-MADE A OCCUR			CAU532114-1		2/1/2025	2/1/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	5,000		
								MED EXP (Any one person)	\$	1,000,000		
								PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	1,000,000		
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	1,000,000		
Α	OTHER:							COMBINED SINGLE LIMIT	\$	1.000.000		
^	ANY AUTO			CAU532114-1		2/1/2025	2/1/2026	(Ea accident)	\$	1,000,000		
	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS			CAU532114-1		2/1/2025	2/1/2020	BODILY INJURY (Per person)	\$			
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
	UMBRELLA LIAB OCCUR							EAGU GOGUPPENGE	\$			
	EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$			
	DED RETENTION\$							AGGREGATE	\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	\$			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							STATUTE ER	\$			
	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				
Α	Directors & Officers			CAU532114-1		2/1/2025	2/1/2026	deductible: \$0	Ψ	1,000,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	FS (ACORI	101 Additional Remarks Schedu	ıle mav h	e attached if mor	e snace is requi	red)				
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC erage is for the Common Area Only. Co	vera	je do	es not extend to the lots a	nd/or a	ny privately o	wned units v	vhether owner or tenant o	ccupie	d within the		
PUD												
CF	RTIFICATE HOLDER				CANO	CELLATION						
<u> </u>	IVATE HOLDEN				SAIN							
								ESCRIBED POLICIES BE C				
for informational purposes only					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
		•				J. 15/110E 111						
					AUTHO	RIZED REPRESE	NTATIVE					
						> 1						



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 02/11/2025

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.

CONTACT NAME:					
) 317-9305				
E-MAIL ADDRESS: info@hoainsurance.net					
PRODUCER CUSTOMER ID: SOUTENC-01					
INSURER(S) AFFORDING COVERAGE	NAIC #				
INSURER A: American Alternative Insurance Corporation					
INSURER B : PMA Insurance Group					
INSURER C:					
INSURER D:					
INSURER E:					
INSURER F:					
	NAME: PHONE (A/C, No, Ext): (877) 317-9300 E-MAIL ADDRESS: info@hoainsurance.net PRODUCER CUSTOMER ID: SOUTENC-01 INSURER(S) AFFORDING COVERAGE INSURER A: American Alternative Insurance Corporation INSURER B: PMA Insurance Group INSURER C: INSURER C: INSURER D: INSURER E:				

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
Α	X	PROPERTY						BUILDING	\$
	CAL	CAUSES OF LOSS DEDUCTIBLES		CAU532114-1	02/01/2025	02/01/2026		PERSONAL PROPERTY	\$
	BASIC BUILDING 2 500		BUILDING 2,500					BUSINESS INCOME	\$
	PROAD		CONTENTS					EXTRA EXPENSE	\$
	X SPECIAL							RENTAL VALUE	\$
		EARTHQUAKE						BLANKET BUILDING	\$
		WIND						BLANKET PERS PROP	\$
		FLOOD						BLANKET BLDG & PP	\$
							X	Common Area COV:	\$ 470,000
									\$
		INLAND MARINE		TYPE OF POLICY					\$
	CAUSES OF LOSS								\$
	NAMED PERILS			POLICY NUMBER					\$
									\$
В	Χ	CRIME					Х	deductible: \$1,000	\$ 550,000
	TYPE OF POLICY								\$
	Fidelity Bond			00506517	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, Replacement Cost Basis.
Coverage is for the Common Area Only. 141 units.

OEKTII IOATE HOLDEK	DANGELLATION
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

CANCELL ATION

CERTIFICATE HOLDER