LASCOLI-01

MSUMNER



CERTIFICATE OF LIABILITY INSURANCE

3/4/2025

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.

lf	IPORTANT: If the certificate holde SUBROGATION IS WAIVED, subjection is certificate does not confer rights to	ct to	the	terms and conditions of	the policy, cert	ain policies ma				
PROI	DUCER				CONTACT NAME:					
	her Insurance Agency, Inc.				PHONE (A/C, No, Ext): (87	7) 317-9300	FA)	X C. No): (8	377) 3	317-9305
	l Stoneridge Drive, Suite 403 santon, CA 94588				E-MAIL ADDRESS: info@	hoainsuranc	e.net	σ,,. (
	,				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ORDING COVERAGE			NAIC#
					INSURER A : Unit		bility Insurance C	ompa	nv	
INSU	NSURED				INSURER B:					
	Las Colinas Moradas Home				INSURER C :					
	Real Manage Family Of Bra 16625 South Desert Foothill			on Community Managem	INSURER D :					
	Phoenix, AZ 85048	3 F K	wy		INSURER E :					
	•				INSURER F:					
CO	VERAGES CER	TIFIC	CATE	NUMBER:			REVISION NUMBE	ER:		
IN CE E>	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	PER POLI	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	OF ANY CONT DED BY THE PO	RACT OR OTHE LICIES DESCRI BY PAID CLAIM	R DOCUMENT WITH F BED HEREIN IS SUBJI	RESPEC	OT TO	WHICH THIS
NSR LTR		INSD	WVD	POLICY NUMBER	(MM/DD/Y)	YY) (MM/DD/YYYY)	LIMITS		
Α	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE		\$	1,000,000
	CLAIMS-MADE X OCCUR	X		NPP1642721	3/1/202	25 3/1/2026	DAMAGE TO RENTED PREMISES (Ea occurren	nce)	\$	100,000
							MED EXP (Any one person	on)	\$	5,000
							PERSONAL & ADV INJU	JRY :	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	E :	\$	2,000,000
	POLICY PRO- LOC						PRODUCTS - COMP/OP	AGG	\$	Included
	OTHER:								\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIM (Ea accident)	IIT :	\$	1,000,000
	ANY AUTO	Х		NPP1642721	3/1/202	25 3/1/2026	BODILY INJURY (Per per	erson)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per acc	cident)	\$	
	X HIRED X NON-OWNED						PROPERTY DAMAGE (Per accident)		\$	

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

Real Manage Family Of Brands | Vision Community Management 16625 South 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.

EACH OCCURRENCE

PER STATUTE

E.L. EACH ACCIDENT

Ded: \$1,000

E.L. DISEASE - EA EMPLOYEE \$

1,000,000

E.L. DISEASE - POLICY LIMIT

AGGREGATE

AUTHORIZED REPRESENTATIVE

3/1/2025

3/1/2026

Dont

UMBRELLA LIAB

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

Directors & Officers

RETENTION \$

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below

EXCESS LIAB

DED

OCCUR

CLAIMS-MADE

N/A

X

NPP1642721



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 03/04/2025

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PRODUCER		CONTACT NAME:						
Socher Insu	rance Agency, Inc. idge Drive, Suite 403	PHONE (A/C, No, Ext): (877) 317-9300	FAX (A/C, No): (877) 3	317-9305				
7901 Stoner Pleasanton,	idge Drive, Suite 403 CA 94588	E-MAIL ADDRESS: info@hoainsurance.net		317-9305 NAIC#				
i icasanton,	OA 04000	PRODUCER CUSTOMER ID: LASCOLI-01	FFORDING COVERAGE NAIC #					
		INSURER(S) AFFORDING COVERAGE		NAIC#				
INSURED	Las Colinas Moradas Homeowners Association Inc	INSURER A: United States Liability Insurance						
La		INSURER B: PMA Insurance Group						
	Real Manage Family Of Brands Vision Community Manage	INSURER C:						
	16625 South Desert Foothills Pkwy Phoenix. AZ 85048	INSURER D :						
	Piloeilix, AZ 05040	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)

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						BUILDING	\$	
	CAUSES OF LOSS DEDUCTIBLES		DEDUCTIBLES	NPP1642721	03/01/2025	03/01/2026		PERSONAL PROPERTY	\$	
		BASIC	BUILDING 5,000					BUSINESS INCOME	\$	
		BROAD	CONTENTS	-				EXTRA EXPENSE	\$	
	X	SPECIAL	OOMENIO					RENTAL VALUE	\$	
		EARTHQUAKE						BLANKET BUILDING	\$	
		WIND						BLANKET PERS PROP	\$	
		FLOOD						BLANKET BLDG & PP	\$	
							X	Common Area Prop	\$ 264,500	
									\$	
		INLAND MARINE		TYPE OF POLICY					\$	
	CAL	JSES OF LOSS							\$	
		NAMED PERILS		POLICY NUMBER					\$	
									\$	
В	Х	CRIME					Х	Ded: \$1,000	\$ 375,000	
	TYF	PE OF POLICY							\$	
	Fic	delity Bond		4125011596022Y	03/01/2025	03/01/2026			\$	
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN								\$	
			EAKDOWN						\$	
									\$	
									\$	

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Special Form, Blanketed, Replacement Cost Basis. Coverage is for the Common Area Only, 303 units.

CERTIFICATE HOLDER

Real Manage Family Of Brands | Vision Community Management

16625 South 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

CANCELLATION