

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights t							uire an endorsement. A	staten	nent on	
PRODUCER						CONTACT NAME: Dee Dungan					
Nea	ate Dupey Insurance Group				PHONE (A/C, No, Ext): (480) 391-3000 FAX (A/C, No):						
8700 E. Vista Bonita Dr. Suite 270						E-MAIL ADDRESS: dee@neatedupey.com					
					INSURER(S) AFFORDING COVERAGE				NAIC#		
Sco	ttsdale			AZ 85255	INSURER A: TRISURA INSURANCE CO.					22225	
INSU	RED				INSURER B: STARNET INSURANCE CO					40045	
Ran	dolph Court Homeowners				INSURER C:						
166	25 S DESERT FOOTHILLS PKWY				INSURER D:						
						INSURER E :					
PHO	DENIX			AZ 85048-8470	INSURER F:						
CO	/ERAGES CER	TIFIC	ATE	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	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$	100,000	
								MED EXP (Any one person)	\$	5,000	
Α		Y	Y	HNY-TRI-AZ-000209		09/01/2025	09/01/2026	PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:							COMPINED OINOLE LIMIT	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO							BODILY INJURY (Per person)	\$		
Α	OWNED AUTOS ONLY AUTOS HIRED SCHEDULED AUTOS NON-OWNED	Y	Y	HNY-TRI-AZ-000209		09/01/2025	09/01/2026	BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE	1						AGGREGATE	\$		
	DED   RETENTION \$							I PER I I OTH-	\$		
	AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE			
	DÉSCRIPTION OF OPERATIONS below								\$	\$1,000,000	
В	Directors and Officers	Y		QDO0010608-00		09/01/2025	09/01/2026	LIMIT DED		\$1,000,000	
<sup>B</sup>		1		QD00010008-00		09/01/2023	09/01/2020	DED		\$1,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  See ACORD 101											
CERTIFICATE HOLDER CANCELLATION											
Real Manage Family of Brands / 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.						
16625 S Desert Foothills Parkway						AUTHORIZED REPRESENTATIVE					
. Phoenix AZ 85048						SCOTT SHIRLEY					

AGENCY CUSTOMER ID:	
LOC #:	



# ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INCURED
		NAMED INSURED
Neate Dupey Insurance Group POLICY NUMBER		Randolph Court Homeowners
412501-16-40-20-0Y, QDO0010608-00, HNY-TRI-AZ-000209  CARRIER	NAIC CODE	
PMA INS SPC CAYMAN		EFFECTIVE DATE:
	770265, 400	ET ESTITE SATE.
ADDITIONAL REMARKS		
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACO		
FORM NUMBER: 25 FORM TITLE: Certificate Of Liab	oility Insurance	)
of cancellation for non-payment of premium. 30 day notice for all	e/Fidelity, and I other reasons.	D&O. Separation of insured clause applies as per policy language. 10 day notice



#### 8700 E Vista Bonita Dr #270 Scottsdale, AZ. 85255 Ph #480 391 3000

Email- Clientservices@neatedupey.com Agent:Scott Shirley E-scott@neatedupey.com

# Randolph Court Homeowners Association master insurance policy coverage letter.

## **Key information regarding the Associations insurance policy**

<u>Trisura Insurance Company is the company of record for the master insurance policy.</u>

PROPERTY insurance on the general common elements and units is covered. Special form replacement cost coverage applies. Policy written as per CCR requirements.

LIABILITY insurance; \$2,000,000 with Trisura Insurance Co. FIDELITY BOND \$150,000 with PMA Companies. DIRECTORS & OFFICERS coverage; \$1,000,000 with StarNet Insurance Co.

The master insurance policy property deductible is \$10,000. CLAIMS MUST BE FILED THROUGH THE PROPERTY MANAGEMENT COMPANY.

### Unit owner's insurance needs.

Note: Unit owners' personal property and personal liability and any upgrades and betterments within the unit <u>are not</u> covered under the master policy.

Unit Owners need an individual Condominium owner's policy to cover items not covered on the master policy, and to pick up coverage falling below the policy deductible of \$10,000.

Unit Owners individual policies are known as an HO6 policy which covers your personal property, personal, liability, additional living expenses, and any other coverage deemed necessary.

Contact your personal insurance agent to review your coverage or our office to make sure you are insured properly.

Neate Dupey Personal lines department Phone 480-391-3000

To request evidence of insurance for a lender please email request to: <a href="mailto:clientservices@neatedupey.com">clientservices@neatedupey.com</a> or <a href="mailto:dee@neatedupey.com">dee@neatedupey.com</a>

Note: this is intended to provide a summary of insurance. This is not a policy. In all cases the declarations, terms, conditions, and exclusions of the actual policy will apply.