

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/30/2025

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).

COVERACES	CERTIFICATE NUMBER, 100E600040	DEVICION NUM	IDED.
		INSURER F:	
Phoenix AZ 85048	ement	INSURER E:	
16625 S Desert Foothills Pkwy		INSURER D : Continental Casualty Company	20443
c/o Vision Community Managem		INSURER c : PMA Insurance Group	12262
ınsured Villa Oak Homeowners Associati	VILLOAK-05	ınsurer в : Federal Insurance	20281
		INSURER A: Accredited Surety And Casualty	26379
		INSURER(S) AFFORDING COVERAGE	NAIC#
Aliso Viejo CA 92656		E-MAIL ADDRESS: proof@hoa-insurance.com	
LaBarre/Oksnee Insurance 30 Enterprise, Suite 180		PHONE (A/C, No, Ext): 800-698-0711	FAX (A/C, No): 949-588-1275
PRODUCER		CONTACT NAME:	

COVERAGES CERTIFICATE NUMBER: 1025689042 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.

ISR TR			ADDL INSD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	X	CLAIMS-MADE X OCCUR	Y	1HNYAZ0101528165-01	11/1/2025	11/1/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,000,000 \$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 2,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$4,000,000
		POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$4,000,000
		OTHER:						\$
١	AUT	OMOBILE LIABILITY		1HNYAZ0101528165-01	11/1/2025	11/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		ANY AUTO					BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
Ī	Χ	HIRED X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
Ī							,	\$
3	Χ	UMBRELLA LIAB X OCCUR		G74821601	11/1/2025	11/1/2026	EACH OCCURRENCE	\$5,000,000
		EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$5,000,000
		DED RETENTION\$						\$
	WORKERS COMPENSATION			2025011568385Y	11/1/2025	11/1/2026	X PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N		N/A				E.L. EACH ACCIDENT	\$1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		,,				E.L. DISEASE - EA EMPLOYEE	\$1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000	
A Property C Crime/Fidelity Directors & Officers		Y	1HNYAZ0101528165-01 4125011568385Y 768628701	11/1/2025 11/1/2025 11/1/2025	11/1/2026 11/1/2026 11/1/2026	\$25,000 Deductible \$1,000 Deductible \$1,000 Deductible	\$7,924,398 \$300,000 \$1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) HOA consists of 40 units. Located in Phoenix, AZ.

Management Company is Additionally Insured on the General Liability, D&O Liability, and Fidelity-Crime.

See 2nd page of certificate of insurance for further coverage information.

See Attached...

CERTIFICATE HOLDER	CANCELLATION
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 Pkwy Phoenix AZ 85048	AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID:	VILLOAK-05
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LOC #:

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ACORD °	

ADDITIONAL REMARKS SCHEDULE

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ACORD	ADDITIONAL REWARKS SCHEDULE				_ OT _	_1
AGENCY LaBarre/Oksnee Insurance		NAMED INSURED Villa Oak Homeowners Association c/o Vision Community Management				
POLICY NUMBER		16625 S Desert Foothills Pkwy Phoenix AZ 85048				
CARRIER	NAIC CODE					
		EFFECTIVE DATE:				
ADDITIONAL REMARKS						
	I IS A SCHEDULE TO ACORD FORM,	JSURANCE				

			EFFECTIVE DATE.
ADDITIONAL REMA	RKS		
THIS ADDITIONAL P	EMVBK6	FORM IS A SC	CHEDULE TO ACORD FORM,
	25		CEDITION TO COLUMN ITY INCLIDANCE
FORM NUMBER:	25	FORM TITLE:	: CERTIFICATE OF LIABILITY INSURANCE
Coverage is provided v Bare Walls (Interior Co	with the fol	lowing insuring	g agreement:
Coverage Includes:			
Special Form with 100	% Replace	ment Cost for t	the entire project, including common elements
Wind/Hail (excludes di	rect loss to	Trees/Shrubs)	ان
Building Ordinance or I	ı I aw A+B+	С	· ·
Inflation Guard NOT av	vailable (lir	nits reviewed a	the entire project, including common elements annually to ensure 100% Replacement Cost)
Severability of Interest	/ Separati	on of Insureds	· ·
Computer Fraud & Tra	covery nefer Frau	d	· ·
No Co-Insurance	noici i ida	ď	· ·
D&O is a claims-made	policy		· ·
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Villa Oak Homeowners Association Unit Owner Coverage Letter

The Association maintains a master insurance policy to insure the exterior of the buildings. An example of the Perils covered on the master insurance policy include wind, hail, lightening, fire, vandalism, malicious mischief, explosion, and sudden and accidental water damage. There are certain **exclusions**, such as standard maintenance losses, normal wear and tear, pest (vermin) damage, repeated leakage and seepage of water and subsidence to name a few.

The homeowner is responsible for insuring the entire inside of the unit, including but not limited to flooring, drywall, fixtures, ceilings, countertops and cabinets, betterments & improvements, upgrades, and your personal property.

Please contact your personal insurance agent to make sure you are properly insured.

The Associations Deductible is \$25,000, which depending on the circumstances of the loss, could be your responsibility as the homeowner.

What Insurance Coverage does a Homeowner 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.
- Unit Interior, Additions and Alterations should be covered on your personal policy as the association's policy does
 not pick up coverage from this Bare Wall policy. The interior, including flooring, drywall, fixtures, ceilings,
 countertops, cabinets, betterments and improvements or upgrades to your Unit should be covered by you as an
 owner to cover any gaps in coverage in the event of loss.
- Please be sure to inform your personal insurance agent that the HOA policy excludes coverage for the interior of
 the unit. Also, please be sure to notify your personal insurance agent that this association carries a \$25,000
 deductible so that you are covered in the event you are responsible for that Deductible or 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 review this with your personal insurance agent today, or if you would like a competitive quote, call a Personal Lines Expert, **Tina Terrell**, direct at **949-215-9803**. 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

<u>Homeowner/ Home Buyer Registration</u>:

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 → You will be transferred to the <u>Log-In Screen</u>
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

Select Delivery Method:

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.