

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/10/2025

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).

PRODUCER	CONTACT NAME:			
LaBarre/Oksnee Insurance 30 Enterprise, Suite 180	PHONE (A/C, No, Ext): 800		FAX (A/C, No): 949-58	8-1275
Aliso Viejo CA 92656	E-MAIL ADDRESS: proof(	@hoa-insurance.com		
		INSURER(S) AFFORDING COVERAGE		NAIC#
	INSURER A : Acce	elerant National Insuranc	ce	10220
INSURED CASABE	01 INSURER в : Fede	eral Insurance		20281
Casa Bella II Condominiums Master Owners Assoc c/o Vision Community Management	INSURER C : PMA	Insurance Group		12262
16625 S Desert Foothills Parkway	INSURER D : Cont	inental Casualty Compa	any	20443
Phoenix AZ 85048	INSURER E :			
	INSURER F:			
COVERAGES CERTIFICATE NUMBER: 17/8558	0	DEVIS	SION NIIMBED:	

COVERAGES CERTIFICATE NUMBER: 1748558319 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.

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	Χ	COMMERCIAL GENERAL LIABILITY	Υ		N030PK0951-03	11/12/2025	11/12/2026	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
Α	AUT	OMOBILE LIABILITY			N030PK0951-03	11/12/2025	11/12/2026	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	Χ	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
В	Χ	UMBRELLA LIAB X OCCUR			G74829405	11/12/2025	11/12/2026	EACH OCCURRENCE	\$ 1,000,000
	Χ	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 1,000,000
		DED RETENTION\$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	idatory in NH)	IX, A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
A C D	Prop Crim Dire	perty ne/Fidelity ctors & Officers	Y		N030PK0951-03 4125011571728Y 618985565	11/12/2025 11/12/2025 11/12/2025	11/12/2026 11/12/2026 11/12/2026	\$5,000 Deductible \$1,000 Deductible \$1,000 Deductible	\$12,942,982 \$150,000 \$1,000,000
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) HOA consists of 48 units. Located in Fountain Hills, 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

AGENCY CUSTOMER ID:	CASABEL-01
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LOC #:



## **ADDITIONAL REMARKS SCHEDULE**

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AGENCY LaBarre/Oksnee Insurance POLICY NUMBER	NAMED INSURED Casa Bella II Condominiums Master Owners Assoc c/o Vision Community Management 16625 S Desert Foothills Parkway Phoenix AZ 85048	
CARRIER	NAIC CODE	
		EFFECTIVE DATE:
ADDITIONAL REMARKS		

CARRIER	NAIC CODE							
		EFFECTIVE DATE:						
ADDITIONAL REMARKS								
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	DD EODM							
l		ISURANCE						
	EI/(BIEIT I II)	00101102						
Coverage is provided with the following insuring agreement: All In (Walls In, Including Betterments & Improvements)								
This in (vidine in, morading betterments a improvements)								
Coverage Includes: Special form with 100% Replacement cost including common area elements Wind/Hail (excludes direct loss to Trees/Shrubs) Equipment Breakdown Building Ordinance or Law A+B+C Inflation Guard NOT available (limits reviewed annually to ensure 100% Replacement Cost) Severability of Interest / Separation of Insureds Waiver of Rights of Recovery Computer Fraud & Transfer Fraud								
Severability of Interest / Separation of Insureds  Waiver of Rights of Recovery								
Computer Fraud & Transfer Fraud								
No Co-Insurance D&O is a claims-made policy								
Jacobs a siamis made pene,								



# Casa Bella II Condominiums Master Owners Association Unit Owner Coverage Letter

The Association maintains a master insurance policy. This policy includes **General Liability** (protects the association from lawsuits arising out of the third party injuries), **Directors & Officers Liability** (protects the association from claims or lawsuits against the board), and **Fidelity/Crime coverage** (protects the money in the bank from fraudulent or dishonest acts). The Association also carries property coverage to insure the buildings and finished interiors (including fixtures, all built-in or set-in appliances, cabinets, countertops and initial basic floor coverings as initially installed per the original plans and specifications, including upgrades, betterments & Improvements) for property damage. Some examples of the perils you are insured for are wind, hail, lightening, fire, vandalism, malicious mischief, explosion, and sudden and accidental water damage. There are certain exclusions to the master policy such as your personal property, standard maintenance, items damaged by normal wear and tear or pest (vermin) damage and subsidence.

The Association has a \$5,000 Deductible, which depending on the circumstances of the loss, could be your responsibility as the homeowner.

While the Association's master insurance policy will cover many insurance needs for unit owners, we strongly encourage every owner to carry a personal condominium unit owners policy (HO-6) for items not covered by the Associations policy.

### What Insurance Coverage does a Unit Owner 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.
- Coverage is provided for the building and the condominium unit for covered causes of loss, subject to the deductible. Coverage is provided back to original specifications and includes betterments and improvements.
- Please be sure to notify your personal insurance agent that this association carries a \$5,000 Deductible so that you are covered in the event you are responsible for that Deductible, or you have a 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.





License#OC84283



# 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.