

CERTIFICATE OF LIABILITY INSURANCE

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

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 liqu of such endorsement(s).

| th | is certificate does not confer rights t | o the | cert | ificate holder in lieu of su | | |). | | | | |
|--|---|---------|-------------|--|---|-------------------------------------|-------------------------------------|--|---------------------|--------------------|--------|
| | DUCER | | | | CONTA NAME: | СТ | | | | | |
| LaBarre/Oksnee Insurance 30 Enterprise, Suite 180 | | | | | PHONE (A/C, No, Ext): 800-698-0711 FAX (A/C, No): 949-588 | | | 8-1275 | | | |
| | so Viejo CA 92656 | | | | E-MAIL ADDRESS: info@hoa-insurance.com | | | | | | |
| | • | | | | INSURER(S) AFFORDING COVERAGE | | | | NAIC# | | |
| | | | | | INSURER A: Philadelphia Indemnity Ins. Co | | | | | 18058 | |
| INSURED VILLATU-03 | | | | | INSURE | :кв: Federal I | Insurance | | | | 20281 |
| Villas at Union Hills Condominium Unit Owners Association c/o RealManage | | | | INSURE | RC: PMA Ins | urance Group |) | | | 12262 | |
| PO Box 803555 | | | | | INSURE | RD: | | | | | |
| Dallas TX 75380 | | | | INSURE | RE: | | | | | | |
| | | | | | INSURE | RF: | | | | | |
| CO | VERAGES CER | TIFIC | CATE | NUMBER: 1267330768 | | | | REVISION NUM | IBER: | | |
| IN Cl | 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 | ADDL | SUBR WVD | | POLICY EFF POLICY EXP LIMITS | | | | | | |
| A | X COMMERCIAL GENERAL LIABILITY | Y | MAD | PHPK2726614-000 | | 11/1/2025 | 11/1/2026 | EACH OCCURRENCE | | \$1,000,000 | |
| | CLAIMS-MADE X OCCUR | | | | | | | DAMAGE TO RENTED | | \$ 100,00 | , |
| | 92 93 93 | | | | | | | MED EXP (Any one | | \$5,000 | |
| | | | | | | | | PERSONAL & ADV | , | \$1,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | ' | | | | | | GENERAL AGGREC | SATE | \$2,000 | ,000 |
| | X POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COM | P/OP AGG | \$2,000 | ,000 |
| | OTHER: | | | | | | | | | \$ | |
| Α | AUTOMOBILE LIABILITY | | | PHPK2726614-000 | | 11/1/2025 | 11/1/2026 | COMBINED SINGLE (Ea accident) | LIMIT | \$ 1,000 | ,000 |
| | ANY AUTO | | | | | | | BODILY INJURY (Pe | er person) | \$ | |
| | OWNED SCHEDULED AUTOS ONLY | | | | | | | BODILY INJURY (Pe | | \$ | |
| | X HIRED X NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAG (Per accident) | SE . | \$ | |
| | | | | | | | | | | \$ | |
| В | X UMBRELLA LIAB X OCCUR | | | G75214613 | | 11/1/2025 | 11/1/2026 | EACH OCCURRENCE | CE | \$ 5,000 | ,000 |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | | \$ 5,000 | ,000 |
| | DED X RETENTION \$ 0 | | | | | | | DED | OTH. | \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | | | | | PER STATUTE | OTH- ER | | |
| ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | N/A | | | | | | | L. EACH ACCIDENT \$ | | |
| (Mandatory in NH) | | | | | | | | E.L. DISEASE - EA | | • | |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | | DUDI/0700044 000 | | 44/4/0005 | 44/4/0000 | E.L. DISEASE - POL \$10,000 Deductible | ICY LIMIT | \$ \$24.30 | 02,629 |
| 404 | Property Crime/Fidelity Bond Directors & Officers Liability | Y | | PHPK2726614-000 4125010941245Y PCAP050795-0125 | | 11/1/2025 11/1/2025 11/1/2025 | 11/1/2026 11/1/2026 11/1/2026 | \$1,000 Deductible \$1,000 Deductible \$5,000 Deductible | | \$1,100 \$1,000 | 0,000 |
| | CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE A consists of 201 units. Located in Phoe | | | | le, may be | e attached if more | space is require | ed) | | | |
| пО | A consists of 201 units. Located in Prior | ilix, i | 42 00 | 1032. | | | | | | | |
| Ma | nagement Company is Additionally Insu | red o | n the | General Liability, D&O Liab | bility, aı | nd Fidelity Bo | nd. | | | | |
| See | 2nd page of certificate of insurance for | furth | er co | verage information. | | | | | | | |
| | | | | | | | | | | | |
| | A., | | | | | | | | | | |
| See Attached | | | | | | | | | | | |
| CEI | RTIFICATE HOLDER | | | | CANC | ELLATION | | | | | |
| RealManage | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | | |
| PO Box 803555 Dallas TX 75380 | | | | | AUTHORIZED REPRESENTATIVE | | | | | | |
| | | | | | | | | | | | |

| AGENCY CUSTOMER ID: | VILLATU-03 |
|---------------------|------------|
|---------------------|------------|

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

| AGENCY LaBarre/Oksnee Insurance POLICY NUMBER | NAMED INSURED Villas at Union Hills Condominium Unit Owners Association c/o RealManage PO Box 803555 | | |
|---|--|-----------------|--|
| | | Dallas TX 75380 | |
| CARRIER | NAIC CODE | | |
| | | EFFECTIVE DATE: | |

| ADDITIONAL F | REN | ΛAI | RK | S |
|--------------|-----|-----|----|---|
|--------------|-----|-----|----|---|

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,



Villas at Union Hills Condominium Unit Owners Association

Your Association is insured through LaBarre/Oksnee Insurance

The Association maintains a master insurance policy to insure the buildings and finished interiors (including finished flooring, wall coverings, fixtures and cabinets) for Property Damage. An example 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 such as your personal property, standard maintenance items, items damaged by normal wear and tear, upgrades or improvements, pest (vermin) damage and subsidence. The Association policy carries a Property Deductible of \$10,000 which, depending on the circumstances of the loss, could be your responsibility as the homeowner.

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.
- Building Additions and Alterations can be covered on your personal policy when the association's policy does not pick up coverage for Betterments and Improvements. 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. Also, please be sure to notify your personal insurance agent that this association carries a \$10,000 Property 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.

Claims Process

Please contact your property manager to report a claim. They will notify our office if a claim needs to be filed.

Certificates of Insurance

If you require a general certificate of insurance for the association, please email our office at proof@hoa-insurance.com and we will email the certificate of insurance to you. If your lender requires a more detailed proof of insurance showing their loan information or mortgagee clause on the certificate, they can directly download the information they need at www.eoidirect.com.

If you are interested in obtaining an HO-6 (Condominium Unit Owners' Policy), feel free our personal lines contact, Tina Terrell, at 949-215-9803 or Tinat@homeservices-ins.com