



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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 LaBarre/Oksnee Insurance 30 Enterprise, Suite 180 Aliso Viejo CA 92656	CONTACT NAME: PHONE (A/C, No, Ext): 800-698-0711 E-MAIL ADDRESS: info@hoa-insurance.com	FAX (A/C, No): 949-588-1275
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Avalon Village Community Association c/o Vision Community Management 16625 S Desert Foothills Pkwy Phoenix AZ 85048	INSURER A : Philadelphia Indemnity Ins. Co	18058
	INSURER B : PMA Insurance Group	12262
	INSURER C : Great American Insurance Co.	16691
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 1599925363

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 COVERAGE. LIMITS SHOWN MAY HAVE BEEN REDUCED BY ADD'L CLAIMS.												
INSR LTR	TYPE OF INSURANCE		ADD'L/SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
A	X	COMMERCIAL GENERAL LIABILITY	Y	PHPK2730635-000	1/1/2026	1/1/2027	EACH OCCURRENCE	\$ 2,000,000				
		CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000				
							MED EXP (Any one person)	\$ 5,000				
							PERSONAL & ADV INJURY	\$ 2,000,000				
		GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 4,000,000				
	X	POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG	\$ 4,000,000				
		OTHER:						\$				
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000				
		ANY AUTO					BODILY INJURY (Per person)	\$				
		OWNED AUTOS ONLY	SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY				BODILY INJURY (Per accident)	\$				
	X	Hired AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$				
	UMBRELLA LIAB		OCCUR EXCESS LIAB DED <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$				
	EXCESS LIAB						AGGREGATE	\$				
								\$				
	DED <input type="checkbox"/> RETENTION \$											
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A			PER STATUTE	OTH-ER				
							E.L. EACH ACCIDENT	\$				
							E.L. DISEASE - EA EMPLOYEE	\$				
							E.L. DISEASE - POLICY LIMIT	\$				
A B C	Property Crime / Fidelity Bond Directors & Officers Liability											
			Y	PHPK2730635-000 4126011668292Y TBD	1/1/2026 1/1/2026 1/1/2026	1/1/2027 1/1/2027 1/1/2027	\$2,500 Deductible \$1,000 Deductible \$1,000 Deductible	\$580,500 \$450,000 \$1,000,000				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
HOA consists of 346 units. Located in Laveen, AZ 85339.

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

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

See Attached...

CERTIFICATE HOLDER

CANCELLATION

Vision Community Management
16625 S 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



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ADDITIONAL REMARKS SCHEDULE

AGENCY LaBarre/Oksnee Insurance		NAMED INSURED Avalon Village Community Association c/o Vision Community Management 16625 S Desert Foothills Pkwy Phoenix AZ 85048	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Coverage is for COMMON AREAS ONLY

Coverage Includes:
 Special Form Perils
 100% Replacement Cost Valuation
 Wind/Hail Ded - \$2,500
 Equipment Breakdown
 Building Ordinance or Law A- Included B+C - Combined \$600,000
 Limits reviewed annually to ensure 100% Replacement Cost
 Severability of Interest / Separation of Insureds
 Computer Fraud & Funds Transfer Fraud
 Waiver of Rights of Recovery
 100% Co-Insurance
 D&O is a Claims-Made Policy