



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/5/2026

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 San Ramon, CA-HUB International Insurance Services Inc. 6101 Bollinger Canyon Rd Suite 150 San Ramon, CA 94583-5108		CONTACT NAME: PHONE (A/C, No, Ext): (877) 317-9300	FAX (A/C, No):
		E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: American Alternative Insurance Corporation	NAIC # 19720
INSURED Southern Enclave Homeowners Association RealManage Family Of Brands Vision Community Management 16625 South Desert Foothills Pkwy Phoenix, AZ 85048		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
							LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	CAU532114-2	2/1/2026	2/1/2027	EACH OCCURRENCE	\$ 1,000,000		
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000		
					MED EXP (Any one person)	\$ 5,000		
					PERSONAL & ADV INJURY	\$ 1,000,000		
					GENERAL AGGREGATE	\$		
					PRODUCTS - COMP/OP AGG	\$ 1,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	\$							
OTHER:	\$							
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	CAU532114-2	2/1/2026	2/1/2027	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
					BODILY INJURY (Per person)	\$		
					BODILY INJURY (Per accident)	\$		
					PROPERTY DAMAGE (Per accident)	\$		
						\$		
						\$		
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$				EACH OCCURRENCE	\$		
					AGGREGATE	\$		
						\$		
						\$		
						\$		
						\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N 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	Directors & Officers			CAU532114-2	2/1/2026	2/1/2027	Deductible - \$0	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Coverage is for the Common Area Only. Coverage does not extend to the lots and/or any privately owned units whether owner or tenant occupied within the PUD.

## CERTIFICATE HOLDER

## CANCELLATION

Certificate Holder is listed as Additional Insured  
RealManage Family Of Brands  
Vision Community Management  
16625 South 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



# CERTIFICATE OF PROPERTY INSURANCE

CJIMINEZ

 DATE (MM/DD/YYYY)  
 02/05/2026

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.

PRODUCER		CONTACT NAME: PHONE (A/C, No, Ext): (877) 317-9300	
San Ramon, CA-HUB International Insurance Services Inc. 6101 Bollinger Canyon Rd Suite 150 San Ramon, CA 94583-5108		FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID: SOUTENC-01	
INSURED		INSURER(S) AFFORDING COVERAGE	NAIC #
Southern Enclave Homeowners Association RealManage Family Of Brands Vision Community Management 16625 South Desert Foothills Pkwy Phoenix, AZ 85048		INSURER A : American Alternative Insurance Corporation	19720
		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY	CAU532114-2	02/01/2026	02/01/2027	BUILDING	\$
	CAUSES OF LOSS	DEDUCTIBLES			PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC	BUILDING 2,500			BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD	CONTENTS			EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL				RENTAL VALUE	\$
	EARTHQUAKE				BLANKET BUILDING	\$
	WIND				BLANKET PERS PROP	\$
	FLOOD				BLANKET BLDG & PP	\$
					Common Area Cov	635,000
						\$
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$
	CAUSES OF LOSS					\$
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$
						\$
	<input type="checkbox"/> CRIME					\$
	TYPE OF POLICY					\$
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
						\$
						\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Special Form, Replacement Cost Basis.

Coverage is for the Common Area Only. 141 units.

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Vision Community Management  
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Phoenix, AZ 85048

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AUTHORIZED REPRESENTATIVE