



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/24/2026

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		NAIC #
INSURER A : American Home Assurance Company		19380
INSURER B : Federal Insurance Company		20281
INSURER C : Allmerica Financial Benefit Insurance Company		41840
INSURER D : Continental Casualty Company		20443
INSURER E :		
INSURER F :		

INSURED
 Chateau De Vie Two Townhouses Association
 RealManage Family Of Brands
 Vision Community Management
 16625 S Desert Foothills Pkwy
 Phoenix, AZ 85048

COVERAGES

CERTIFICATE NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		CAU507812-7	3/25/2026	3/25/2027	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	\$ Included
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X		CAU507812-7	3/25/2026	3/25/2027	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							\$	
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$	X		TBD_CUMB	3/25/2026	3/25/2027	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$ 10,000,000
							\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		TBD_WC	3/25/2026	3/25/2027	PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Directors & Officers	X		768600686	3/25/2026	3/25/2027	Deductible: \$1,000	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Please see certificate of property, acord 24, for building values.

CERTIFICATE HOLDER

CANCELLATION

Certificate holder is listed as an additional insured
 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



A HUB International Company

CALIFORNIA

NEVADA

ARIZONA

Socher Insurance Agency, a HUB International company

877.317.9300
888.577.1587 Fax

CA Broker License: #0C97535
NV Broker License: #498347
AZ Broker License: #1800015845

hoainsurance.net
hubinternational.com



March 23, 2026

Chateau De Vie Two Townhouses Association

Dear Community Members,

Socher Insurance Agency has placed coverage for the Association's Property and General Liability effective March 25, 2026, to March 25, 2027. This letter is to advise you of the building coverage provided for the Association and what type of personal insurance coverage you should purchase as a Unit Owner.

FACTS YOU SHOULD KNOW ABOUT THE ASSOCIATION'S PROPERTY COVERAGE:

1. The Association currently has property coverage for the common area and buildings provided by American Hone Assurance Company.
2. The Association has a property deductible of **\$10,000**. There is also a separate \$10,000 per unit deductible for water claims.
3. American Hone Assurance Company provides a "walls in" policy form regarding coverage for the interior of the units (excluding betterments & improvements).
4. **You as the individual Unit Owner need to provide coverage for personal liability and for your personal property residing within the unit.**

Below are some coverage options that are recommended, if these coverage options are not included on your current policy, we suggest adding them. Please contact your individual personal lines brokers for details about how to include these options.

Unit Owners Insurance Policy:

An insurance policy may be purchased through your personal Insurance Agent/ Broker. We suggest you include the following options:

- **Building/Property Coverage:** Building/structural coverage that the Association will not provide.
- **Personal Content Coverage:** Coverage for any personal items that are yours and not the Association's, as the Association will not cover these items at the time of loss. For example: furniture, jewelry, clothing, laptop computers, televisions., etc.
- **Deductible reimbursement:** Ask your personal agent how you should supplement the \$10,000 AOP deductible and the \$10,000 per unit water deductible.
- **Personal Liability:** Protects yourself from liability losses that occur from within your unit (like a slip and fall).
- **Loss of Use** If there is a loss at your unit and you have to stay off premises during the rebuilding process; this coverage would take care of this extra expense.
- **Loss Assessment for Property/Liability and/or Earthquake** If a covered loss exceeds the limits of Insurance coverage provided by the Association, the Association would have a special assessment. This option would cover your portion of the special assessment, less your personal policy deductible.

To request a Certificate or Evidence of Insurance, please go to www.hoainsurance.net and select the green Services box, then Request a Certificate and follow the instructions.

If you need to make a claim, please call your community management company, RealManage Family of Brands Vision Community Management at (480) 759-4945.

Socher Insurance Agency specializes in coverage for associations, not individual property owners. You should discuss these coverage options with your personal lines agent.

Kayla Rea: Account Manager