

CERTIFICATE OF LIABILITY INSURANCE

3/3/2022

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).

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PRODUCER		CONTACT NAME:			
LaBarre/Oksnee Insurance 30 Enterprise, Suite 180			AX /C, No): 949-588-1275		
Aliso Viejo CA 92656		E-MAIL ADDRESS: proof@hoa-insurance.com			
		INSURER(S) AFFORDING COVERAGE	NAIC#		
		INSURER A: Sutton National Insurance	25798		
INSURED	LATIERR-02	INSURER B: Fireman's Fund Insurance Co.	21873		
La Tierra Condominium Assoc. c/o Vision Community Mgmt 16625 S Desert Foothills Pkwy PHoenix AZ 85048		INSURER c: PMA Insurance Group	12262		
		INSURER D: Continental Casualty Company	20443		
		INSURER E:			
		INSURER F:			
00//504050	OFFICIOATE NUMBER 4000440400	DEVICION NUMB	ED		

COVERAGES CERTIFICATE NUMBER: 1309142130 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			ADDL INSD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	Х	COMMERCIAL GENERAL LIABILITY	Y	 SNI0005303-01	3/5/2022	3/5/2023	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		SNI0005303-01	3/5/2022	3/5/2023	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		ANY AUTO					BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	Х	HIRED X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
В	Х	UMBRELLA LIAB X OCCUR		USL01482121U-16439-6	3/5/2022	3/5/2023	EACH OCCURRENCE	\$ 10,000,000
		EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$ 10,000,000
		DED RETENTION\$						\$
С		KERS COMPENSATION EMPLOYERS' LIABILITY		2022011068303Y	3/5/2022	3/5/2023	X PER OTH- STATUTE ER	
AND EMPLOYERS LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. EACH ACCIDENT	\$1,000,000	
		,				E.L. DISEASE - EA EMPLOYEE	\$1,000,000	
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
A C D	Prop Crim Direc	erty le/Fidelity ctors & Officers	Y	SNI0005303-01 4122011068303Y 618719172	3/5/2022 3/5/2022 3/5/2022	3/5/2023 3/5/2023 3/5/2023	\$10,000 Deductible \$5,000 Deductible \$1,000 Deductible	\$14,200,000 \$550,000 \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Condominium Association consisting of 116 units. Located in Tempe, 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 16625 S. Desert Foothills Pkwy Phoenix AZ 85048 USA 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

AGENCY CUSTOMER ID	D: L	ATIERR-02
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LOC #:

R	
ACORD	

ADDITIONAL REMARKS SCHEDULE

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AGENCY LaBarre/Oksnee Insurance		NAMED INSURED La Tierra Condominium Assoc. c/o Vision Community Mgmt
POLICY NUMBER		16625 S Desert Foothills Pkwy PHoenix AZ 85048
CARRIER	NAIC CODE	
		EFFECTIVE DATE:
ADDITIONAL REMARKS		
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM,	
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF	F LIABILITY IN	ISURANCE
Bare Walls (Interior Coverage Excluded)		
Coverage Includes: Special Form with 100% Replacement Cost Guaranteed Replacement Cost Wind/Hail		
Equipment Breakdown Building Ordinance or Law A+B+C		
Interview of the content of the cont	Replacement C	ost
No Co-Insurance D&O is a Claims-Made Policy		



LaBarre/Oksnee Insurance

La Tierra Condominium Association

The Association maintains a master insurance policy to insure the exterior of the buildings. This coverage is **BARE WALLS** only per the association's CC&R'S. Homeowners are responsible for insuring the interior of their unit. An example of the Perils covered on the master insurance policy include wind, hail, lightening, fire, vandalism, malicious mischief, explosion, and sudden and accidental water damage. There are certain **exclusions, including but not limited to: flooring, drywall, fixtures, ceilings, countertops and cabinets, betterments & improvements, upgrades, your personal property, standard maintenance items, items damaged by normal wear and tear or pest (vermin) damage and subsidence. The Association policy carries a \$10,000 Deductible** 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.
- Unit Interior, Additions and Alterations can be covered on your personal policy when the association's policy does not pick up coverage from this Bare Wall policy. The interior, including walls, floors, ceilings, counters, countertops, fixtures, 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.
- Please be sure to inform your personal insurance agent that the HOA policy excludes coverage for the interior of the unit. Also, please be sure to notify your personal insurance agent that this association carries a \$10,000 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/Loss of Rents 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.

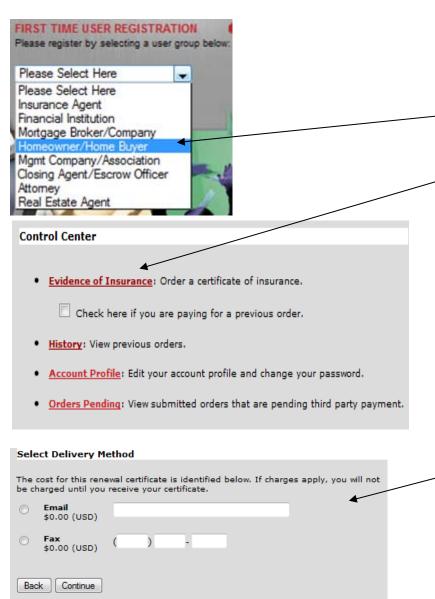
Be sure to review this with your personal insurance agent today, or if you would like a competitive quote, call our Personal Lines Expert, **Tina Terrell**, direct at **949-215-9803** or **(800) 698-0711 Ext. 203**. Thank you!





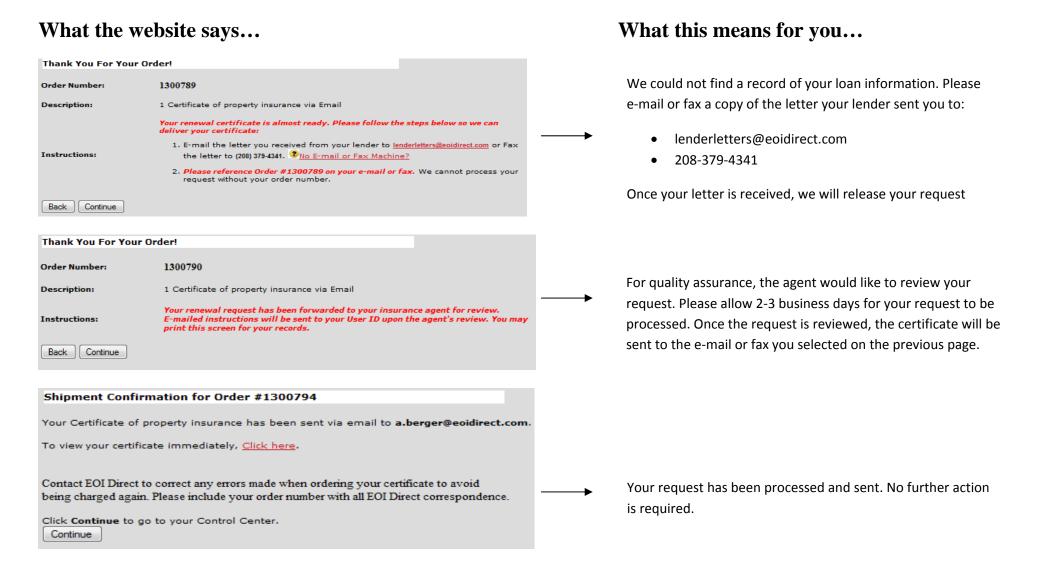


Renewal Certificate Instructions for Homeowners & Management Co.



- 1. Visit eoidirect.com
- 2. Register as a First Time User
- 3. Log into your account.
- 4. Click on "Evidence of Insurance".
- 5. Search for your condominium name
- 6. Select your association, "Continue".
- 7. Choose the 4th option that indicates you received a letter from your lender, "Continue".
- 8. Fill in the Homeowner's last name and loan number, "Continue".
- 9. Fill out all required fields for Homeowner and Lender, "Continue".
- 10. Confirm the order information, "Continue"
- 11. Select delivery method where you would like the certificate sent.

After selecting the delivery method where you want the Certificate of Insurance sent, you will see 1 of 3 sets of instruction. Proceed accordingly.



For assistance with the website, please contact EOIDirect Monday-Friday 7:00am-6:00pm MST at 877-456-3643