

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/30/2022

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							require an endorsement	. A st	atement on	
-	DUCER	o tile	Cert	incate noider in ned or st	CONTA		<u>,. </u>				
LaE	Barre/Oksnee Insurance				PHONE 000 000 0744 FAX 040 500 4075					0 1075	
	Enterprise, Suite 180				(A/C, No, Ext): 800-698-0/11 (A/C, No): 949-588					0-12/5	
Alls	so Viejo CA 92656				E-MAIL ADDRESS: proof@hoa-insurance.com						
					INSURER(S) AFFORDING COVERAGE				NAIC #		
INSU	PED			ARTIPAR-01	INSURER A: American Alternative Ins Co.				19720		
	san Parkview Condominium Assoc				INSURE						
c/o Vision Community Mgmt				INSURER C:							
	325 S. Desert Foothills Pkwy				INSURER D:						
Phoenix AZ 85048-9927				INSURER E :							
	/FDACES CFD	TIFI	- A T	NUMBER: 4045047000	INSURE	RF:		DEVICION NUMBER.			
_	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES			E NUMBER: 1045347868	/F REE	N ISSUED TO		REVISION NUMBER:	JE P∩I	ICV PERIOD	
	DICATED. NOTWITHSTANDING ANY RE										
	ERTIFICATE MAY BE ISSUED OR MAY I CCLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SUBJECT TO	O ALL 1	THE TERMS,	
INSR LTR		ADDL	SUBR		DEEINF	POLICY EFF	POLICY EXP				
LTR A	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY	INSD Y	WVD	POLICY NUMBER CAU509088-5			(MM/DD/YYYY)				
_ ^		ī		CAU509066-5		4/1/2022	4/1/2023	EACH OCCURRENCE DAMAGE TO RENTED	\$2,000,000		
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$ 1,000,000		
								MED EXP (Any one person)	\$ 5,000		
								PERSONAL & ADV INJURY	\$ 2,000	,	
	X POLICY PRO-							GENERAL AGGREGATE	\$ Unlim		
								PRODUCTS - COMP/OP AGG			
A	OTHER: AUTOMOBILE LIABILITY			CAU509088-5		4/1/2022	4/1/2023	\$ COMBINED SINGLE LIMIT \$ 2 000			
	ANY AUTO			CAU309066-3	4	4/1/2022	4/1/2023	(Ea accident) BODILY INJURY (Per person)	\$ 2,000,000		
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
	AUTOS ONLY X HIRED X NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR								-		
	- CCCOR							EACH OCCURRENCE	\$		
	CEAIWIS-WADE							AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$		
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A							•		
								E.L. EACH ACCIDENT	\$		
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$			
A	DÉSCRIPTION OF OPERATIONS below Property			CAU509088-5		4/1/2022	4/1/2023	\$2,500 Deductible	-	5,000	
A	Crime/Fidelity Bond Directors & Officers	Y		CAU509088-5		4/1/2022	4/1/2023	\$0 Deductible \$0 Deductible	\$300, \$1,00	000	
		·		CAU509088-5		4/1/2022	4/1/2023		Ψ1,00	0,000	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (/	ACORD) 101, Additional Remarks Schedu	le, mav b	e attached if more	e space is require	ed)			
	dominium Association consisting of 35				., .,			,			
l Mar	nagement Company is Additionally Insur	ed o	n the	General Liability, D&O Lia	bilitv. aı	nd Fidelitv-Cri	me.				
				•	,						
See	2nd page of certificate of insurance for	iurti	iei co	verage information.							
See	Attached										
						CANCELLATION					
Vision Community Management					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
16625 S. Desert Foothills Pkwy Phoenix AZ 85048					AUTHORIZED REPRESENTATIVE						
USA											

۸	GENCY	CUSTOMER ID	- ARTIPAR-01
н	CIPING	しいろしいいにん ロン	- AD HEAD-UL

LOC #: _____



ADDITIONAL REMARKS SCHEDULE						1				
AGENCY LaBarre/Oksnee Insurance	NAMED INSURED Artisan Parkview Condominium Assoc c/o Vision Community Mamt									
POLICY NUMBER		16625 S. Desert Foothills Pkwy Phoenix AZ 85048-9927								
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										

Single Entity Coverage (Walls In, excluding Improvements and Betterments)

Coverage Includes: Special Form with 100% Replacement Cost Guaranteed Replacement Cost Wind/Hail
Equipment Breakdown
Building Ordinance or Law A+B+C
Inflation Guard and/or limits are reviewed yearly to ensure 100% Replacement Cost
Severability of Interest / Separation of Insureds
Waiver of Rights of Recovery
No Co-Insurance
D&O is a Claims-Made Policy



LaBarre/Oksnee Insurance

Artisan Parkview Condominium Association

The Association maintains a master insurance policy. This policy includes **General Liability** (protects the association from lawsuits arising out of the third party injuries), **Directors & Officers Liability** (protects the association from claims or lawsuits against the board), and **Fidelity/Crime coverage** (protects the money in the bank from fraudulent or dishonest acts). The Association also carries property coverage to insure the buildings and finished interiors (including fixtures, all built-in or set-in appliances, cabinets, countertops and initial basic floor coverings as initially installed per the original plans and specifications, EXCLUDING upgrades, betterments & Improvements) for property damage. Some examples 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 to the master policy such as your personal property, standard maintenance, items damaged by normal wear and tear or pest (vermin) damage and subsidence. **The Associations policy carries a \$2,500 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 Unit Owner's personal property.
- Please be sure to notify your personal insurance agent that this association carries a \$2,500 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.
- Building upgrades, betterments and improvements can be covered on your personal insurance. Betterments,
 Improvements or Upgrades to your Unit need to be covered by you as an owner to cover any gaps in coverage in
 the event of loss. Please also note that if your individual unit has solar panels, your own personal insurance will
 need to insure them. The association insurance coverage will be limited to "industry standard materials" of like,
 kind and quality for the replacement of finished flooring, wall coverings, fixtures and cabinets.
- 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 to all homeowners in the association 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.

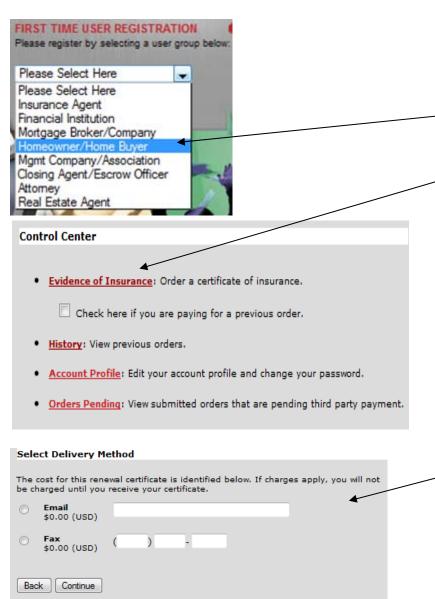
Be sure to touch base with your personal insurance agent today or **call our office at (800) 698-0711** to secure coverage immediately or call our Personal Lines Expert, **Tina Terrell**, direct at **949-215-9803**. Thank you!





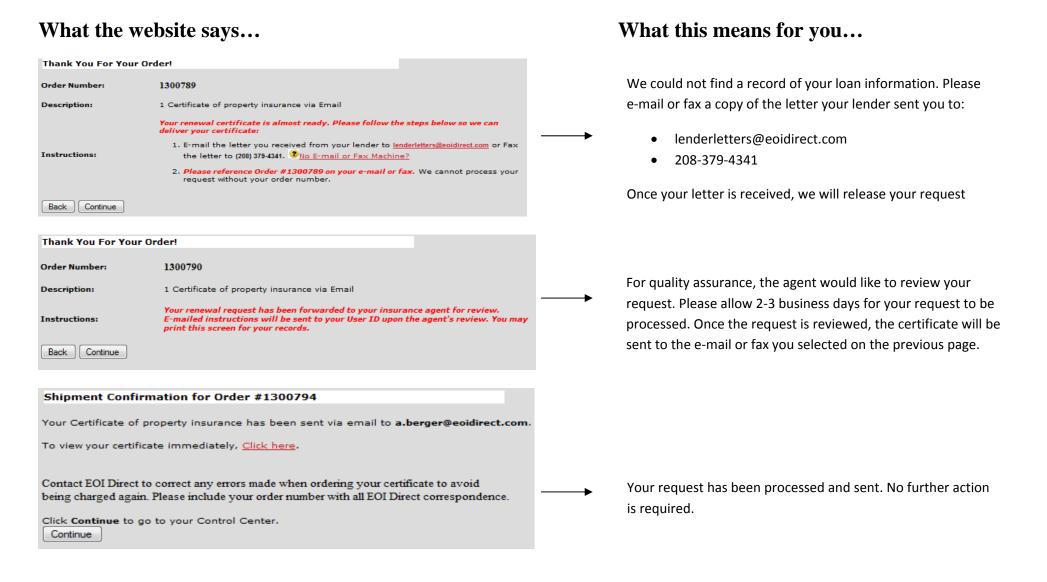


Renewal Certificate Instructions for Homeowners & Management Co.



- 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