



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/29/2021

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 LaBarre/Oksnee Insurance 30 Enterprise, Suite 180 Aliso Viejo CA 92656	CONTACT NAME: PHONE (A/C, No, Ext): 800-698-0711		FAX (A/C, No): 949-588-1275
	E-MAIL ADDRESS: proof@hoa-insurance.com		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURED Villa Alegre Association c/o Vision Community Mgmt 16625 S. Desert Foothills Pkwy Phoenix AZ 85048	VILLALE-01	INSURER A : PMA Insurance Group 12262	
		INSURER B : Philadelphia Indemnity Ins. Co 18058	
		INSURER C : Continental Casualty Company 20443	
		INSURER D :	
		INSURER E :	
	INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 1841831499

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	
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		PHPK2209180	11/30/2021	11/30/2022	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2209180	11/30/2021	11/30/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			CUE6043180478	11/30/2021	11/30/2022	EACH OCCURRENCE	\$ 2,000,000
							AGGREGATE	\$ 2,000,000
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B	Property			PHPK2209180	11/30/2021	11/30/2022	\$10,000 Deductible	\$17,016,000
A	Crime/Fidelity Bond	Y		4121011082536Y	11/30/2021	11/30/2022	\$1,000 Deductible	\$575,000
C	Directors & Officers	Y		618797550	11/30/2021	11/30/2022	\$1,000 Deductible	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Condominium Association consisting 151 units. Located in Phoenix, 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

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ADDITIONAL REMARKS SCHEDULE

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

ADDITIONAL REMARKS

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

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
 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

Villa Alegre Association

The Association maintains a master insurance policy to insure the buildings and coverage is **BARE WALLS** only per the association's CC&R'S. An example of the Perils you are insured for are wind, hail, lightning, fire, vandalism, malicious mischief, explosion, and sudden and accidental water damage. There are certain **exclusions, including but not limited to: flooring, wall coverings, 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 Property 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 Property 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** 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!

EOI Instructions for Homeowners: How to Obtain Proof of Renewal for Lender

Go to www.EOIDirect.com

- Under First-Time Users, select *Homeowner/Home Buyer* from the drop-down
-Continue
- Enter your email and create a password
- Next to the “I am A”, select *Homeowner/ Home Buyer* from the drop-down
-Continue

Homeowner/ Home Buyer Registration:

Fill-out and complete homeowner’s information

-Save and Continue

User Service Agreement:

Review terms (some will not apply to homeowners)

-Accept and Continue

Successfully Registered:

-Continue → You will be transferred to the Log-In Screen

Under ‘Existing Users,’ enter your newly created username and password

Control Center Screen:

Click on the words “Evidence of Insurance”: Order a Certificate of Insurance

Fill in Homeowners Association Name and Select State**

**You will need to know the association’s legal name

-Continue

Next, select the association that best matches

-Continue

Homeowners/ Homebuyers Reason for Certificate:

Select **I have received a letter from my lender requesting an annual update of my insurance policy.** (Your lender may indicate they will be purchasing, or have purchased, insurance on your behalf).

-Continue

Next, you will be asked to input *Borrowers Last Name and Loan Number* to locate your account. If the system does not find your lender's information, then you will be given the opportunity to input that information.

-Fill in required fields and click Continue

Select Delivery Method:

Select preferred method of delivery.

Email or Fax options will both be **free of charge.**

-Continue

Lastly, write the order number at the top of the Lenders Request letter and fax to (208) 379- 4341.

A copy of the Certificate of Liability with the updated mortgagee clause will be sent to your lender, in addition to you as requested.