

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/3/2022

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.

| | SUBROGATION IS WAIVED, subject is certificate does not confer rights t | | | | | | | equire an endorsement | . A st | atement on | |
|---|--|-----------------|----------------|-------------------------------|--|--|----------------------|--|-------------|------------|-----|
| | DUCER | o tile | Cert | incate noider in ned or st | CONTA | |)• | | | | |
| LaBarre/Oksnee Insurance | | | | | NAME: PHONE 000 000 0744 FAX 040 500 4075 | | | | | 0.4075 | |
| 30 Enterprise, Suite 180 | | | | | (A/C, No, Ext): 800-698-0711 (A/C, No): 949-588-1275 | | | | | 8-1275 | |
| Aliso Viejo CA 92656 | | | | | | E-MAIL ADDRESS: proof@hoa-insurance.com | | | | | |
| | | | | INSURER(S) AFFORDING COVERAGE | | | | NAIC# | | | |
| INSU | DED. | | | HACIROY-02 | INSURER A: American Alternative Ins Co. | | | | | 19720 | |
| | cienda Royale HOA | | | 11/1011101102 | INSURE | R B : | | | | | |
| c/o | Vision Community Mgmt | | | | INSURER C: | | | | | | |
| | 625 S. Desert Foothills Pkwy oenix AZ 85048-9927 | | | | INSURER D: | | | | | | |
| ' ''' | DEIIX AZ 03040-3921 | | | | INSURER E : | | | | | | |
| L | VED 4 050 | T. F. | | - 111111000 4400007400 | INSURE | RF: | | DEVIOLON NUMBER | | | |
| _ | VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES | | | NUMBER: 1429327423 | /E DEE | N ISSUED TO | | REVISION NUMBER: | JE DOI | ICV BEBIOD | |
| | IDICATED. NOTWITHSTANDING ANY RE | | | | | | | | | | |
| | ERTIFICATE MAY BE ISSUED OR MAY | | | | | | | HEREIN IS SUBJECT TO | ALL 1 | THE TERMS, | |
| | XCLUSIONS AND CONDITIONS OF SUCH | | CIES. ISUBR | | BEEN | POLICY EFF | POLICY EXP | | | | |
| INSR LTR | | INSD | WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMIT | | | |
| Α | X COMMERCIAL GENERAL LIABILITY | Υ | | CAU511575-4 | | 6/8/2022 | 6/8/2023 | EACH OCCURRENCE DAMAGE TO RENTED | \$ 1,000 | · | |
| | CLAIMS-MADE X OCCUR | | | | | | | PREMISES (Ea occurrence) | \$ 1,000 | | |
| | | | | | | | | MED EXP (Any one person) | \$ 5,000 | | |
| | | | | | | | | PERSONAL & ADV INJURY | \$ 1,000 | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ Unlim | ited | |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ 1,000 | ,000 | |
| <u> </u> | OTHER: | | | | | | | COMBINED SINGLE LIMIT | \$ | | |
| A | A AUTOMOBILE LIABILITY | | | CAU511575-4 | | 6/8/2022 | 6/8/2023 | (Ea accident) | \$1,000,000 | | |
| | ANY AUTO OWNED SCHEDULED | | | | BODILY INJURY (Per person) | | | \$ | | | |
| | AUTOS ONLY AUTOS | | | | | | | BODILY INJURY (Per accident) PROPERTY DAMAGE | \$ | | |
| | X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY | | | | | | | (Per accident) | \$ | | |
| | | | | | | | | | \$ | | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | | |
| | DED RETENTION\$ | | | | | | | DED OTH | \$ | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | | | | | PER OTH- STATUTE ER | | | |
| | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | | | | | E.L. EACH ACCIDENT | \$ | | |
| | (Mandatory in NH) If yes, describe under | andatory in NH) | | | | | | E.L. DISEASE - EA EMPLOYEE \$ | | | |
| <u> </u> | DÉSCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 0.075 | |
| A | Property Crime/Fidelity Bond | Υ | | CAU511575-4 CAU511575-4 | | 6/8/2022 6/8/2022 | 6/8/2023 6/8/2023 | \$5,000 Deductible \$0 Deductible | \$150, | | |
| A | Directors & Officers | Y | | CAU511575-4 | | 6/8/2022 | 6/8/2023 | \$0 Deductible | \$1,00 | 0,000 | |
| | | | | | | | | | | | |
| | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL A consists of 22 units. Located in Phoe | | | | le, may b | e attached if more | e space is require | ed) | | | |
| ١.,, | | | 41 | O | L 1114 | I F: -I - I:t - O-: | | | | | |
| I IVIA | nagement Company is Additionally Insu | eu o | n the | General Liability, D&O Lia | bility, a | na Flaelity-Cri | me. | | | | |
| See | e 2nd page of certificate of insurance for | furth | er co | verage information. | | | | | | | |
| | | | | | | | | | | | |
| | Attached | | | | | | | | | | |
| | See Attached | | | | | | | | | | |
| CE | RTIFICATE HOLDER | | | | CANO | CELLATION | | | | | |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE | | | | | | | ED BEFORE | | | | |
| THE EXPIRATION DATE Vision Community Management ACCORDANCE WITH THE F | | | | | | THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN | | | | | |
| | | | | | | TH THE POLIC | | | | | |
| 16625 S. Desert Foothills Pkwy Phoenix AZ 85048 USA | | | | | AUTHORIZED REPRESENTATIVE | | | | | | |
| | | | | | | | | | | | USA |

| AGENCY CUSTOMER ID: | HACIROY-02 |
|---------------------|------------|
|---------------------|------------|

MER ID: HACIROY-02

LOC #:



| ACORD ADDITIONAL | ADDITIONAL REMARKS SCHEDULE | | | | | 1 |
|--|-----------------------------|---|--|--|--|---|
| AGENCY LaBarre/Oksnee Insurance | | NAMED INSURED Hacienda Royale HOA c/o Vision Community Mgmt | | | | |
| 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 ACO FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF | , | ISURANCE | | | | |

| ADDITIONAL REMARKS |
|--|
| THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, |
| FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE |
| TOKIN NOMBER TOKIN TITEE |
| |
| Single Entity Coverage (Walls In, excluding Improvements and Betterments) |
| |
| Coverage Includes: Special Form with 100% Replacement Cost Guaranteed Replacement Cost |
| |
| Equipment Breakdown |
| Inflation Guard and/or limits are reviewed yearly to ensure 100% Replacement Cost |
| 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 No Co-Insurance |
| No Co-Insurance |
| D&O is a Claims-Made Policy |
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LaBarre/Oksnee Insurance

Hacienda Royale HOA

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 \$5,000 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 Unit Owner's personal property.
- Please be sure to notify your personal insurance agent that this association carries a \$5,000 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.
- 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!

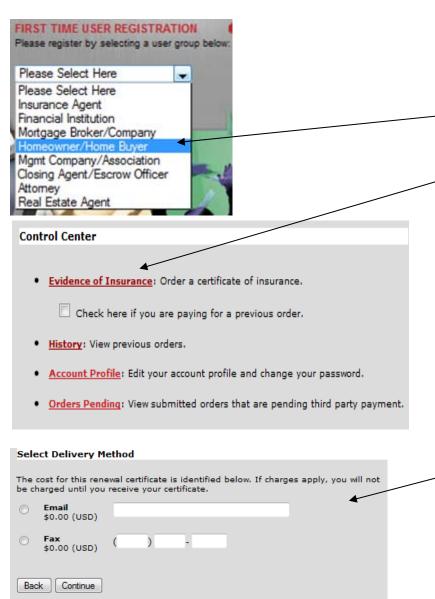




License#OC84283

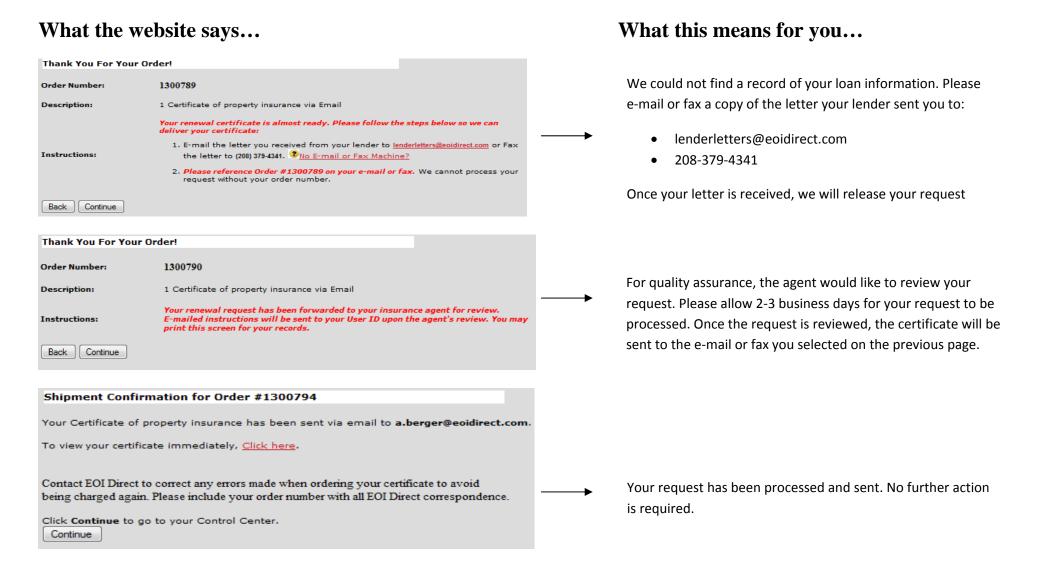


Renewal Certificate Instructions for Homeowners & Management Co.



- 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