

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/22/2022

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).									
PRODUCER			CONTACT	-,-					
LaBarre/Oksnee Insurance			NAME: PHONE POD_609_0711 FAX 040_599_1275						
30 Enterprise, Suite 180			PHONE (A/C, No, Ext): 800-698-0711 (A/C, No): 949-588-1275 E-MAIL						
Aliso Viejo CA 92656			ADDRESS: proof@hoa-insurance.com						
			INSURER(S) AFFORDING COVERAGE NAIC #						
			INSURER A : PMA Insurance Group 12262						
INSURED MESACOR-03			INSURER B : Continental Casualty Company 20443						
Mesa Coronado I, Inc. c/o Vision Community Management			INSURER C : Lio Insurance 40550						
16625 S Desert Foothills Pkwy			INSURER D :						
Phoenix AZ 85048			INSURER E :						
			INSURER F :						
COVERAGES CEF	TIFICAT	E NUMBER: 1437988190			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 SUB		POLICY EFF (MM/DD/YYYY	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
C X COMMERCIAL GENERAL LIABILITY	Y	COA1000013335	6/23/2022	6/23/2023	EACH OCCURRENCE	s 1,000	.000		
CLAIMS-MADE X OCCUR					DAMAGE TO RENTED	\$ 100,0	,		
					PREMISES (Ea occurrence)				
· · · · · · · · · · · · · · · · · · ·					MED EXP (Any one person)	\$ 5,000			
					PERSONAL & ADV INJURY	\$ 1,000			
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000	,000		
X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$2,000	,000		
OTHER:						\$			
	E LIABILITY COA1000013335		6/23/2022	6/23/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	,000		
ANY AUTO					BODILY INJURY (Per person)	\$			
OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$			
X HIRED X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$			
						\$			
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$			
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$			
DED RETENTION \$	-					\$			
A WORKERS COMPENSATION		2022010990754Y	3/12/2022	6/23/2022	X PER OTH- STATUTE ER	Ψ			
AND EMPLOYERS' LIABILITY Y / N				5.20,2022		¢ 1 000	000		
ANYPROPRIETOR/PARTNER/EXECUTIVE	N / A				E.L. EACH ACCIDENT	\$ 1,000			
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE				
DESCRIPTION OF OPERATIONS below		0014000040005		0/00/0000	E.L. DISEASE - POLICY LIMIT	\$ 1,000			
C Property C Crime/Fidelity B Directors & Officers	Y Y	COA1000013335 COA1000013335 618863837	6/23/2022 6/23/2022 6/23/2022	6/23/2023 6/23/2023 6/23/2023	\$5,000 Deductible \$5,000 Deductible \$1,000 Deductible	\$10,430,000 \$250,000 \$1,000,000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	D 101, Additional Remarks Schedu	le, may be attached if mo	re space is requir	red)				
HOA consists of 85 units. Located in Mesa									
Management Company is Additionally Insu	red on the	e General Liability D&O Lia	bility and Fidelity/C	rime					
0 1 2 2			and ridenty/0						
See 2nd page of certificate of insurance fo	further c	overage information.							
See Attached									
CERTIFICATE HOLDER			CANCELLATION	l					
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.						
USA									
-		COMCX							
I			© 1	988-2015 AC	ORD CORPORATION.	All riat	te recerved		

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AGENCY CUSTOMER ID: MESACOR-03

LOC #:

ACORD	

ADDITIONAL REMARKS SCHEDULE

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AGENCY LaBarre/Oksnee Insurance	NAMED INSURED Mesa Coronado I, Inc. c/o Vision Community Management			
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 ACORD FORM,

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

Coverage Includes: Special Form with 150% Extended Replacement Cost Wind/Hail 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



Mesa Coronado I Inc.

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. <u>The Association carries a master policy deductible of \$5,000.</u>

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!



30 Enterprise, Ste. 180, Aliso Viejo, CA 92656 7150 E. Camelback Rd., Suite 444, Scottsdale, AZ 85251 (949) 588-0711 • (800) 698-0711 • (949) 916-1659 Fax www.hoains.com License#OC84283





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 ightarrow 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

<u>Select Delivery Method</u>: 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.