DMAH



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/24/2024

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).

	DUCE								CONTA NAME:	СТ						
Socher Insurance Agency, Inc. 7901 Stoneridge Drive, Suite 403 Pleasanton, CA 94588									PHONE (A/C, No, Ext): (877) 317-9300 FAX (A/C, No): (877) 3 E-MAIL ADDRESS: info@hoainsurance.net						317-9305	
		•							INSURER(S) AFFORDING COVERAGE						NAIC #	
										INSURER A : Lio Insurance Company						
INSURED									INSURER B : Continental Casualty Company							
					eowners Ass			. O	INSURE	R C :						
					Foothills Pk	ds Vision Community Manageme			INSURER D:							
		Phoen				,			INSURER E :							
									INSURE	RF:						
СО	VER	AGES			CER	RTIFICATE NUMBER:						REVISION NU	MBER:			
IN C	IDICA ERTIF	TED. NOT	NITHS 'BE	STAI ISSI	NDING ANY R JED OR MAY	EQUI PER	REMI TAIN,	SURANCE LISTED BELOW ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	ANY CONTRACT	CT OR OTHER IES DESCRIB	R DOCUMENT W BED HEREIN IS S	TH RESPE	CT TO	WHICH THIS	
INSR		TYPE					SUBR WVD		AVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP					LIMITS		
LTR A	Х	COMMERCIAL				INSD	WVD	TOLIOT NOMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			s	2,000,000	
		CLAIMS-I		X	7			HOA1000028725-00	1/5/2024		1/5/2025	DAMAGE TO REN PREMISES (Ea oc		\$	300,000	
												MED EXP (Any one person)		\$	5,000	
												PERSONAL & ADV INJURY		\$	2,000,000	
	GEN	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC										GENERAL AGGREGATE		\$	4,000,000	
												PRODUCTS - COMP/OP AGG		\$	4,000,000	
		OTHER:	020.											\$		
Α	AUTOMOBILE LIABILITY										COMBINED SINGLE LIMIT (Ea accident)		\$	1,000,000		
	ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X AUTOS ONLY							HOA1000028725-00		1/5/2024	1/5/2025	BODILY INJURY (F	er person)	\$	\$	
					CHEDULED UTOS							BODILY INJURY (F	er accident)	\$		
					ON-OWNED UTOS ONLY							PROPERTY DAMAGE (Per accident)		\$		
														\$		
		UMBRELLA LI	AB		OCCUR							EACH OCCURREN	ICE	\$		
	EXCESS LIAB CLAIMS-MADE									AGGREGATE		\$				
			ETENT		\$							1050	OTIL	\$		
	WOR AND	KERS COMPEN EMPLOYERS' I	ISATIO IABILI	N TY	Y/N							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Directors & Officers					N/A						E.L. EACH ACCIDE	NT	\$		
												E.L. DISEASE - EA	EMPLOYEE	\$		
_								769504040		1/5/2024	1/5/2025	E.L. DISEASE - PO		\$	1 000 000	
В	Dire	ctors & On	icers					768591049		1/5/2024	1/5/2025	Deductible - 1	1,000		1,000,000	
DES	CRIPTI	ION OF OPERA	TIONS	/LO	CATIONS / VEHICI	LES (A	CORE	D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	re space is requi	red)				
Plea	se se	ee Certificat	e of P	rop	erty, Acord 24	, for	prop	erty values.	, .,			,				
CERTIFICATE HOLDER									CANCELLATION							
		RealMa Manag			mily of Brand	ds V	'isior	n Community	THE	EXPIRATION	N DATE TH	ESCRIBED POLI HEREOF, NOTIC CY PROVISIONS.				

ACORD 25 (2016/03)

16625 S Desert Foothills Pkwy

Phoenix, AZ 85048

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AUTHORIZED REPRESENTATIVE



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 01/24/2024

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REFREDERING OF THE SERVICE TO THE SE								
PRODUCER	CONTACT NAME:							
Socher Insurance Agency, Inc. 7901 Stoneridge Drive, Suite 403		^{XX} _{(C, No):} (877) 317-9305						
7901 Stoneridge Drive, Suite 403 Pleasanton, CA 94588	E-MAIL ADDRESS: info@hoainsurance.net							
	PRODUCER CUSTOMER ID: LACOLIN-01							
	INSURER(S) AFFORDING COVERAGE	NAIC #						
INSURED	INSURER A: Lio Insurance Company							
La Colina Homeowners Association	INSURER B:							
RealManage Family of Brands Vision Community Manageme	INSURER C:							
16625 S Desert Foothills Pkwy Phoenix, AZ 85048	INSURER D:							
Filoeilix, AZ 03040	INSURER E :							
	INSURER F:							

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Please see Certificate of Liability, Acord 25, for remaining coverage. Equipment Breakdown (Boiler Machinery) coverage included. Crime/Employee Dishonesty/Fidelity Bond includes Property Manager as an Employee.

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.

	EXCESSIONS 7445 CONDITIONS OF COURT DETOILS. ENVITO SHOWN WITH TIME BEEN REDUCED BY 1746 CD MING.									
INSR LTR		TYPE OF IN	SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY	LIMITS	
Α	X PROPERTY							BUILDING	\$	
	CAUSES OF LOSS		DEDUCTIBLES	HOA1000028725-00	01/05/2024	01/05/2025		PERSONAL PROPERTY	\$	
		BASIC	BUILDING 1,000					BUSINESS INCOME	\$	
		BROAD	CONTENTS	-				EXTRA EXPENSE		
	X	SPECIAL	CONTENTO					RENTAL VALUE	\$	
		EARTHQUAKE						BLANKET BUILDING	\$	
		WIND					X	BLANKET PERS PROP	\$	15,000
		FLOOD						BLANKET BLDG & PP	\$	100,000
									\$	
									\$	
		INLAND MARINE	<u> </u>	TYPE OF POLICY					\$	
	CAL	JSES OF LOSS							\$	
		NAMED PERILS		POLICY NUMBER					\$	
									\$	
Α	Х	CRIME					Х	Deductible - \$1,000	\$	250,000
	TYPE OF POLICY								\$	
	Employee Dishonesty			HOA1000028725-00	01/05/2024	01/05/2025			\$	
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN								\$	
									\$	
									\$	
									\$	

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

A- Special Form, 100% Replacement Cost on an agreed value with no coinsurance. 111 Units.

CERTIFICATE HOLDER CANCELLATION

RealManage Family of Brands | 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.

AUTHORIZED REPRESENTATIVE

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