

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/26/2024

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).										
PRODUCER				CONTAC NAME:		/				
LaBarre/Oksnee Insurance				PHONE (A/C, No, Ext): 800-698-0711 FAX (A/C, No): 949-588-1275						
30 Enterprise, Suite 180				EMAIL						
Aliso Viejo CA 92656					ADDRESS: proof@hoa-insurance.com					
							IDING COVERAGE		40550	
INSURED SILVIIH-01					INSURER A : Lio Insurance					
SILVIIH-01 SILVIIH-01					INSURER B : PMA Insurance Group					
c/o Vision Community Mgmt				INSURER C : Continental Casualty Company 20443					20443	
16625 S Desert Foothills Pkwy				INSURE	RD:					
Phoenix AZ 85048				INSURE	RE:					
COVERAGES CEF	TIFIC	CATE	NUMBER: 1200344613	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		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
A X COMMERCIAL GENERAL LIABILITY	Y		HOA100008221-01		2/1/2024	2/1/2025	EACH OCCURRENCE	\$ 1,000	,000	
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,0	00	
							MED EXP (Any one person)	\$ 5,000		
							PERSONAL & ADV INJURY	\$ 1,000	,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000	,000	
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,000	.000	
OTHER:								\$,	
			HOA100008221-01		2/1/2024	2/1/2025	COMBINED SINGLE LIMIT	\$ 1,000	,000	
ANY AUTO					2/ 1/202 1	2, ., 2020	(Ea accident) BODILY INJURY (Per person)	\$,	
OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
AUTOS ONLY AUTOS X HIRED AUTOS ONLY X NON-OWNED							PROPERTY DAMAGE	\$		
AUTOS ONLY AUTOS ONLY							(Per accident)			
								\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE	_						AGGREGATE	\$		
DED RETENTION \$								\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
A Property B Crime/Fidelity C Directors & Officers	Y Y		HOA1000008221-01 4124011140813Y 618774981		2/1/2024 2/1/2024 2/1/2024	2/1/2025 2/1/2025 2/1/2025	\$1,000 Deductible \$1,000 Deductible \$1,000 Deductible	\$220, \$250, \$1,00	000 000 0,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Management Company is Additionally Insured on the General Liability, D&O Liability, and Fidelity/Crime. HOA consists of 162 units. Located in Surprise, AZ.										
See Attached										
CERTIFICATE HOLDER				CANC	ELLATION					
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.					
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AGENCY CUSTOMER ID: SILVIIH-01

LOC #:



ADDITIONAL REMARKS SCHEDULE

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

ADDITIONAL REMARKS

THIS /	ADDITIONA	LF

REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ________ FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Coverage is for COMMON AREAS ONLY.

Special Form with 100% Replacement Cost. Building Ordinance or Law. Equipment Breakdown. Severability of Interest / Separation of Insureds. No Co-Insurance. Property Limit of \$25,000 for Trees/Shrubs. Wind/Hail (excludes trees/shrubs)

D&O is a Claims-Made Policy