



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/28/2024

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 Socher Insurance Agency, Inc. 7901 Stoneridge Drive, Suite 403 Pleasanton, CA 94588	CONTACT NAME: PHONE (A/C, No, Ext): (877) 317-9300	FAX (A/C, No): (877) 317-9305
	E-MAIL ADDRESS: info@hoainsurance.net	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Chateau De Vie Two Townhouses Association RealManage Family Of Brands Vision Community Management 16625 S Desert Foothills Pkwy Phoenix, AZ 85048	INSURER A : American Alternative Insurance Corporation	
	INSURER B : Federal Insurance Company	
	INSURER C : Continental Casualty Company	
	INSURER D :	
	INSURER E :	
INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

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	
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CAU507812-5	3/25/2024	3/25/2025	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CAU507812-5	3/25/2024	3/25/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							\$	
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ 0			G74705406	3/25/2024	3/25/2025	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$ 10,000,000
							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
C	Directors & Officers			768600686	3/25/2024	3/25/2025	deductible: \$1,000	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Please see Certificate of Property, Acord 24, for building values.

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 



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
03/28/2024

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PRODUCER Socher Insurance Agency, Inc. 7901 Stoneridge Drive, Suite 403 Pleasanton, CA 94588	CONTACT NAME:		
	PHONE (A/C, No, Ext): (877) 317-9300	FAX (A/C, No): (877) 317-9305	
	E-MAIL ADDRESS: info@hoainsurance.net		
PRODUCER CUSTOMER ID: CHATDEV-01			
INSURED Chateau De Vie Two Townhouses Association RealManage Family Of Brands Vision Community Management 16625 S Desert Foothills Pkwy Phoenix, AZ 85048	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : American Alternative Insurance Corporation		
	INSURER B : Continental Casualty Company		
	INSURER C :		
	INSURER D :		
	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 coverage included. Crime/Employee Dishonesty/Fidelity Bond includes Property Manager as an Employee.

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INSR LTR	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/>	PROPERTY	CAU507812-5	03/25/2024	03/25/2025	BUILDING	\$	
		CAUSES OF LOSS				DEDUCTIBLES	PERSONAL PROPERTY	\$
	<input type="checkbox"/>	BASIC				BUILDING	\$	
	<input type="checkbox"/>	BROAD				10,000	\$	
	<input checked="" type="checkbox"/>	SPECIAL				CONTENTS	EXTRA EXPENSE	\$
		EARTHQUAKE					RENTAL VALUE	\$
		WIND					BLANKET BUILDING	\$
	<input type="checkbox"/>	FLOOD					BLANKET PERS PROP	\$
	<input checked="" type="checkbox"/>	ord cov A: bldg					<input checked="" type="checkbox"/> BLANKET BLDG & PP	\$ 18,097,793
	<input checked="" type="checkbox"/>	ded: water per				10,000	<input checked="" type="checkbox"/> ord cov B:	\$ 904,000
			<input checked="" type="checkbox"/> ord cov C:	\$ 1,809,000				
	<input type="checkbox"/> INLAND MARINE		TYPE OF POLICY			\$		
	CAUSES OF LOSS					\$		
	<input type="checkbox"/> NAMED PERILS		POLICY NUMBER			\$		
B	<input checked="" type="checkbox"/>	CRIME				<input checked="" type="checkbox"/> deductible: \$1,000	\$ 300,000	
		TYPE OF POLICY					\$	
	<input checked="" type="checkbox"/>	Fidelity Bond	768600686	03/25/2024	03/25/2025		\$	
	<input type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$	
	<input type="checkbox"/>						\$	
	<input type="checkbox"/>						\$	

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Special Form (wind included), Guaranteed Replacement Cost Basis with No Co-Insurance. 83 Units. Policy is Walls in excluding Betterments & Improvements. Severability of Interest included on Package Policy. Common elements included on policy.

CERTIFICATE HOLDER RealManage Family Of Brands Vision Community Management 16625 S Desert Foothills Pkwy Phoenix, AZ 85048	CANCELLATION 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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