

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/8/2022

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.

INSURER A : American Family Home Insurance  RANCMIR-09 Rancho Mirada HOA C/O Vision Community Management 16625 S Desert Foothills Parkway Phoenix AZ 85048  COVERAGES  CERTIFICATE NUMBER: 1880954170  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PI INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERBIN IS SUBJECT TO ALL THE TI EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSURER 1: INSURER 2: INSURER 6: INSURER 6: INSURER 7: INSURER 6: INSURER 7: INSURER 6: INSURER 7: INSURER 7: INSURER 6: INSURER 7: INSURER 6: INSURER 7: INSURER 6: INSURER 6: INSURER 7: INSURER 6: INSURER 6: INSURER 6: INSURER 6: INSURER 6: INSURER 7: INSURER 6: INSURER 7: INSURER 6:	ent on
LaBarre/Oksnee insurance 30 Enterprise, Suite 180 Aliso Viejo CA 92656    Real: 800-698-0711	
Aliso Viejo CA 92656    Ambiles   Am	 75
INSURER A: American Family Home Insurance  RANCMIR-09 REVISION NUMBER: INSURER E: INSURER E: INSURER E: INSURER F: INSURER E: INSURER F: INSURER BEEN ISSUED TO THE INSURE NAME ABOVE FOR THE POLICY PI INDICATED. NOTWITHSTANDING ANY PECUIR-REMT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERREIN IS SUBJECT TO ALL THE TI EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  RISR TYPE OF INSURANCE INSURING POLICY PUBLIC SHITTS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  RISR TYPE OF INSURANCE INSURING POLICY PUBLIC SHITTS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  RISR TYPE OF INSURANCE INSURING POLICY PUBLIC SHITTS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  RISR TYPE OF INSURANCE INSURING POLICY PUBLIC SHITTS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  RISR TYPE OF INSURANCE INSURING POLICY PUBLIC SHITTS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  RISR TYPE OF INSURANCE INSURING POLICY PUBLIC SHITTS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  RISR TYPE OF INSURANCE INSURING POLICY PUBLIC SHITTS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  RISR TYPE OF INSURANCE INSURING POLICY PUBLIC SHITTS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  RISR TYPE OF INSURANCE INSURANCE INSURING POLICY PUBLIC SHITTS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  RISR TYPE OF INSURANCE INSURANCE INTO SHITTS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  RISR TYPE OF INSURANCE INTO SHITTS SHOWN MAY HAVE BEEN REDUCED BY THE POLICY PUBLIC PUB	
RANCMIRO RANCHO Mirada HOA C/O Vision Community Management 16625 S Desert Foothills Parkway Phoenix AZ 85048  COVERAGES  CERTIFICATE NUMBER: 1880954170  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PI INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERBIN IS SUBJECT TO ALL THE TI EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSURER 1: INSURER 5: INSURER 6: INSURER 6: INSURER 7: INSURER 7: INSURER 8: INSURER 6: INSURER 6: INSURER 7: INSURER 7: INSURER 6: INSURER 7: INSURER 6: INSURER 7: INSURER 6: INSURER 7: INSURER 7: INSURER 6: INSURER 7: INSURER 6: INSURER 7: INSURER 6: I	NAIC#
RANCMIR-09 RANCH Mirada HOA C/O Vision Community Management 16625 S Desert Foothills Parkway Phoenix AZ 85048    INSURER B :   INSURER C :   INSURER B :   INSURER B :   INSURER B :   INSURER C :   I	TAIO #
LINSURER C: 16625 S Desert Foothills Parkway Phoenix AZ 85048    INSURER D:   INSURE D:   INSURER D:   INSURER D:   INSURER D:   INSURER D:   INSURE D:   INSURER D:   INSURER D:   INSURER D:   INSURER D:   INSURE D:   INSURER D:   INSURER D:   INSURER D:   INSURER D:   INSURE D:   INSURER D:   INSURER D:   INSURER D:   INSURER D:   INSURE D:   INSURER D:   INSURER D:   INSURER D:   INSURER D:   INSURE D:   INSURER D:   INSURER D:   INSURER D:   INSURER D:   INSURE D:   INSURER D:	
RISURER D :   INSURER E D :	
COVERAGES  CERTIFICATE NUMBER: 1880954170  REVISION NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PINDICATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TIESURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TIESURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TIESURANCE AFFORDED BY THE POLICY PYPI PROBLEM TO ALL THE POLICY PYPI PROBLEM TO ALL THE TIESURANCE AFFORDED BY THE POLICY PYPI PROBLEM TO ALL THE POLICY PYPI	
COVERAGES  CERTIFICATE NUMBER: 1880954170  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TIESURANDE ON THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TIESURANDE ON THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TIESURANDE ON THE POLICY BY ADDITIONAL ADDITIONAL THE TIESURANCE AFFORDED BY THE POLICY EXPLOYED BY PAID CLAIMS.  INSP.  TYPE OF INSURANCE ADDITIONAL	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICIATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERRIN IS SUBJECT TO ALL THE TIES.  EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSIR TYPE OF INSURANCE INSURANCE INSURING INSURANCE INSURING INSURANCE	
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TIED CONTROL OF THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TIED CONTROL OF THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TIED CONTROL OF THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TIED CONTROL OF THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TIED CONTROL OF THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TIED CONTROL OF THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TIED CONTROL OF THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TIED CONTROL OF THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TIED CONTROL OF THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TIED CONTROL OF THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TIED CONTROL OF THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TIED CONTROL OF THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TIED CANNOT DESCRIBED HEREIN IS SUBJECT TO ALL THE TIED CANNOT DESCRIBED HEREIN IS SUBJECT TO ALL THE TIED CANNOT DESCRIBED HEREIN IS SUBJECT TO ALL THE TIED CANNOT DESCRIBED HEREIN IS SUBJECT TO ALL THE TIED CANNOT DESCRIBED HEREIN IS SUBJECT TO ALL THE TIED CANNOT DESCRIBED HEREIN IS SUBJECT TO ALL THE TIED CANNOT DESCRIBED HEREIN IS SUBJECT TO ALL THE TIED CANNOT DESCRIBED HEREIN IS SUBJECT TO ALL THE TIED CANNOT DESCRIBED HEREIN IS SUBJECT TO ALL THE TIED CANNOT DESCRIBED HEREIN IS SUBJECT TO ALL THE TIED CANNOT DESCRIBED HEREIN IS SUBJECT TO ALL THE TIED CANNOT DESCRIBED HEREIN IS SUBJECT TO ALL THE TIED CANNOT DESCRIBED HEREIN IS SUBJECT TO ALL THE TIED CANNOT DESCRIBED HEREIN IS SUBJECT TO ALL THE TIED CANNOT DESCRIBED HEREIN IS SUBJECT TO ALL THE TIED CANNOT DESCRIBED HEREIN IS SUBJECT TO ALL THE TIED CANNOT DESCRIBED HEREIN IS SUBJECT TO ALL THE TIED CANNOT DESCRIBED HEREIN IS SUBJECT TO ALL THE TIED CANNOT DESCRIBED HEREIN SUBJECT TO ALL THE TIED CANNOT DESCRIBED HERE	
TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYY) (MM/DD/YYY) (MM/DD/YYYY) (MM/DD/YYYYY) (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY) (MM/	H THIS
CLAIMS-MADE X OCCUR  CENTL AGGREGATE LIMIT APPLIES PER:  CENTL AGGREGATE \$ Unlimited PRODUCTS - COMP/OP AGG \$2,000,000 OCCUP OF AUTOS ONLY CENTL OF AUTOS ONLY AUTOS ONLY AUTOS ONLY CENTL OF AUTOS ONLY CENTL OF AUTOS ONLY AUTOS ONLY CENTL OF AUTOS ONLY CENTL OF AUTOS ONLY AUTOS ONLY CENTL OF AUTOS ONLY CENTL OF AUTOS ONLY CENTL OF AUTOS ONLY AUTOS ONLY CENTL OF AUTO	
MED EXP (Any one person) \$5,000  PERSONAL & ADV INJURY \$2,000,000  GENL AGGREGATE LIMIT APPLIES PER:  POLICY PRODUCTS - COMP/OP AGG \$2,000,000  OTHER:  A AUTOMOBILE LIABILITY  ANY AUTO  OWNED  AUTOS ONLY  X HIRED  NON-OWNED  AUTOS ONLY  AUTOS ONLY  WORKERS COMPENSATION  AND EMPLOYERS' LIABILITY  ANY POPPER TENTION \$  WORKERS COMPENSATION  AND EMPLOYERS' LIABILITY  ANY POPPER TENTION \$  WORKERS COMPENSATION  AND EMPLOYERS' LIABILITY  ANY POPPER TENTION \$  WORKERS COMPENSATION  AND EMPLOYERS' LIABILITY  ANY POPPER TENTION \$  PER STATUTE  EL EACH ACCIDENT  \$  MED EXP (Any one person) \$5,000  PERSONAL & ADV INJURY  \$2,000,000  CAU-1351-4  5/18/2022  5/18/2023  CAMBINED SINGLE LIMIT  \$2,000,000  (Ea accident)  \$  BODILY INJURY (Per accident)  \$  PROPERTY DAMAGE  (Per accident)  \$  WORKERS COMPENSATION  AND EMPLOYERS' LIABILITY  ANY PER  STATUTE  EL EACH ACCIDENT  \$	
PERSONAL & ADV INJURY \$ 2,000,000  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PROJECT LOC  OTHER:  A AUTOMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY AUTOS ONLY  AUTOS ONLY	
GENTL AGGREGATE LIMIT APPLIES PER:  POLICY PRODUCTS - COMP/OP AGG \$2,000,000  OTHER:  A AUTOMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY  X HIRED AUTOS ONLY  X AUTOS ONLY  X HIRED AUTOS	
OTHER:  A AUTOMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY X HIRED AUTOS ONLY  I WIMBRELLA LIAB OCCUR  EXCESS LIAB CLAIMS-MADE  DED RETENTION\$  CAU401351-4  SCHEDULED AUTOS ONLY  X MORKERS COMPENSATION AND EMPLOYERS 'LIABILITY  ANYPROPRIETOR/PARTNER/EXECUTIVE  PRODUCTS - COMP/OP AGS \$2,000,000  \$2,000,000  SCHEDULED \$2,000,000  BODILY INJURY (Per person) \$  BODILY INJURY (Per accident) \$  PROPERTY DAMAGE (Per accident) \$  S  EACH OCCURRENCE \$  AGGREGATE \$  S  EL, EACH ACCIDENT \$	
A AUTOMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY X HIRED AUTOS ONLY AUTOS ONLY  WORKERS COMPENSATION SCHEDULED AUTOS ONLY  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY AUTOS ONLY BODILY INJURY (Per person) \$  EACH OCCURRENCE \$  AGGREGATE \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANYPROPRIETOR/PARTNER/EXECUTIVE  CAU401351-4  5/18/2022  5/18/2023  COMBINED SINGLE LIMIT \$2,000,000  BODILY INJURY (Per person) \$  BODILY INJURY (Per accident) \$  BODILY INJURY (Per person) \$  BODILY INJURY (Per accident) \$  BODILY INJURY (Per person) \$  BODILY INJURY (Per person) \$  BODILY INJURY (Per accident) \$  BODILY INJURY (Per person) \$  BODILY INJURY (Per accident) \$  BODILY INJURY (PER acciden	
ANY AUTO  OWNED AUTOS ONLY X HIRED AUTOS ONLY X HIRED AUTOS ONLY X DOCUR EXCESS LIAB  OCCUR EXCESS LIAB  OCCUR  CLAIMS-MADE  DED  RETENTION\$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE  ANYPROPRIETOR/PARTNER/EXECUTIVE  STIGUEZE  STIGUEZE  GEA accident) BODILY INJURY (Per person) \$ BODILY INJURY (PER	
OWNED AUTOS ONLY AUTOS ONLY X A	
AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY  WORLETA LIAB OCCUR EXCESS LIAB OCCUR CLAIMS-MADE  DED RETENTION\$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE  ANYPROPRIETOR/PARTNER/EXECUTIVE  BODICT INGORT (Fe accident)  REACH OCCURRENCE S AGGREGATE S  PER STATUTE ER  E.L. EACH ACCIDENT S  E.L. EACH ACCIDENT S	
AUTOS ONLY AUTOS ONLY (Per accident) \$  UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE ANYPROPRIETOR/PARTNER/EXECUTIVE \$  E.L. EACH ACCIDENT \$	
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION\$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE  E.L. EACH ACCIDENT \$	
EXCESS LIAB CLAIMS-MADE  DED RETENTION\$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE  ANYPROPRIETOR/PARTNER/EXECUTIVE  E.L. EACH ACCIDENT \$	
DED RETENTION\$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE  E.L. EACH ACCIDENT \$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE  STATUTE  F.L. EACH ACCIDENT \$	
ANYPROPRIETOR/PARTNER/EXECUTIVE \$	
OFFICER/MEMBER EXCLUDED?	
(Mandatory in NH)   E.L. DISEASE - EA EMPLOYEE \$   If yes, describe under	
DÉSCRIPTION OF OPERATIONS below         E.L. DISEASE - POLICY LIMIT         \$           A Property         CAU401351-4         5/18/2022         5/18/2023         \$2,500 Deductible         \$60,900	
A Crime/Fidelity Bond Prectors & Officers Y CAU401351-4 S18/2022 S/18/2023 S0 Deductible \$150,000 \$2,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	
HOA consists of 33 units. Located in Scottsdale, AZ 85259.	
Management Company is Additionally Insured on the General Liability, D&O Liability, and Fidelity-Crime.	
See 2nd page of certificate of insurance for further coverage information.	
See Attached	
CERTIFICATE HOLDER CANCELLATION	
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERE ACCORDANCE WITH THE POLICY PROVISIONS.  16625 S. Desert Foothills Pkwy	
Phoenix AZ 85048  USA  AUTHORIZED REPRESENTATIVE	

Δ	GENCY	CUSTOMER I	ın.	RANCMIR-0	Q
н	GENGI	CUSTOMERI	ID.		U

LOC #:

R
<b>ACORD</b> °

## **ADDITIONAL REMARKS SCHEDULE**

Page 1 of 1

AGENCY LaBarre/Oksnee Insurance POLICY NUMBER		NAMED INSURED Rancho Mirada HOA c/o Vision Community Management	
		16625 S Desert Foothills Parkway Phoenix AZ 85048	
CARRIER	NAIC CODE		
		EFFECTIVE DATE:	
ADDITIONAL REMARKS	•		

EFFECTIVE DATE:						
ADDITIONAL REMARKS						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,						
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE						
Coverage is for COMMON AREAS ONLY						
Coverage Includes: pecial Form with 100% Guaranteed Replacement Cost Vind/Hail (excludes Trees/Shrubs) suilding Ordinance or Law severability of Interest / Separation of Insureds to Co-Insurance 0&O is a Claims-Made Policy						
everability of Interest / Separation of Insureds lo Co-Insurance %O is a Claims-Made Policy						
ao la diame made i diay						