



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/31/2022

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).

<b>PRODUCER</b> LaBarre/Oksnee Insurance 30 Enterprise, Suite 180 Aliso Viejo CA 92656		<b>CONTACT NAME:</b> <b>PHONE (A/C, No. Ext):</b> 800-698-0711 <b>FAX (A/C, No):</b> 949-588-1275 <b>E-MAIL ADDRESS:</b> proof@hoa-insurance.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A :</b> PMA Insurance Group	<b>NAIC #</b> 12262
<b>INSURED</b> Highland Village Condominiums Assn c/o Vision Community Management 16625 S Desert Foothills Pkwy Phoenix AZ 85048		<b>INSURER B :</b> Continental Casualty Company	20443
		<b>INSURER C :</b> Lio Insurance	40550
		<b>INSURER D :</b>	
		<b>INSURER E :</b>	
		<b>INSURER F :</b>	

**COVERAGES**

CERTIFICATE NUMBER: 538462541

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	
C	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		COA1000009932	4/1/2022	4/1/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
C	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b>  <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			COA1000009932	4/1/2022	4/1/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$
	<input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
C A B	Property Crime/Fidelity Directors & Officers	Y Y		COA1000009932 4122011154335Y 619006836	4/1/2022 4/1/2022 4/1/2022	4/1/2023 4/1/2023 4/1/2023	\$5,000 Deductible \$500 Deductible \$1,000 Deductible	\$4,515,002 \$50,000 \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Condominium Association consisting of 48 units. Located in Phoenix, AZ.

Management Company is Additionally Insured on the General Liability, D&amp;O Liability, and Fidelity/Crime.

See 2nd page of certificate of insurance for further coverage information.

See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

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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**ADDITIONAL REMARKS SCHEDULE**

AGENCY LaBarre/Oksnee Insurance		NAMED INSURED Highland Village Condominiums Assn c/o Vision Community Management 16625 S Desert Foothills Pkwy Phoenix AZ 85048	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

Bare Walls (Interior Coverage Excluded)

Coverage Includes:  
 Special Form with 100% Replacement Cost  
 Extended Replacement Cost  
 Wind/Hail  
 Equipment Breakdown  
 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

## Highland Village Condominium Association

The Association maintains a master insurance policy to insure the exterior of the buildings. This coverage is **BARE WALLS** only per the association's CC&R'S. Homeowners are responsible for insuring the interior of their unit. An example of the Perils covered on the master insurance policy include wind, hail, lightning, fire, vandalism, malicious mischief, explosion, and sudden and accidental water damage. There are certain **exclusions, including but not limited to: flooring, wall coverings, fixtures, ceilings, countertops and cabinets, betterments & improvements, upgrades, your personal property**, standard maintenance items, items damaged by normal wear and tear or pest (vermin) damage and subsidence. **The Association policy carries a \$5,000 Property Deductible** which, depending on the circumstances of the loss, could be your responsibility as the homeowner.

### 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 for Unit Owner's personal property.
- **Unit Interior, Additions and Alterations** can be covered on your personal policy when the association's policy does not pick up coverage from this Bare Wall policy. The interior, including walls, floors, ceilings, counters, countertops, fixtures, improvements or upgrades to your Unit should be covered by you as an owner to cover any gaps in coverage in the event of loss.
- **Please be sure to inform your personal insurance agent that the HOA policy excludes coverage for the interior of the unit.** Also, please be sure to notify your personal insurance agent that this association carries a \$5,000 Property 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.
- **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 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 review this with your personal insurance agent today, or if you would like a competitive quote, call our Personal Lines Expert, **Tina Terrell**, direct at **949-215-9803** or **(800) 698-0711 Ext. 203**. Thank you!



## Renewal Certificate Instructions for Homeowners & Management Co.

**FIRST TIME USER REGISTRATION**  
Please register by selecting a user group below:

Please Select Here

- Please Select Here
- Insurance Agent
- Financial Institution
- Mortgage Broker/Company
- Homeowner/Home Buyer**
- Mgmt Company/Association
- Closing Agent/Escrow Officer
- Attorney
- Real Estate Agent

**Control Center**

- **Evidence of Insurance:** Order a certificate of insurance.  
 Check here if you are paying for a previous order.
- **History:** View previous orders.
- **Account Profile:** Edit your account profile and change your password.
- **Orders Pending:** View submitted orders that are pending third party payment.

**Select Delivery Method**

The cost for this renewal certificate is identified below. If charges apply, you will not be charged until you receive your certificate.

**Email**  
\$0.00 (USD)

**Fax**  
\$0.00 (USD)

Back Continue

1. Visit eoidirect.com
2. Register as a First Time User
3. Log into your account.
4. Click on “Evidence of Insurance”.
5. Search for your condominium name
6. Select your association, “Continue”.
7. Choose the 4<sup>th</sup> option that indicates you received a letter from your lender, “Continue”.
8. Fill in the Homeowner’s last name and loan number, “Continue”.
9. Fill out all required fields for Homeowner and Lender, “Continue”.
10. Confirm the order information, “Continue”
11. Select delivery method where you would like the certificate sent.

# After selecting the delivery method where you want the Certificate of Insurance sent, you will see 1 of 3 sets of instruction. Proceed accordingly.

## What the website says...


**Thank You For Your Order!**

**Order Number:** 1300789

**Description:** 1 Certificate of property insurance via Email

*Your renewal certificate is almost ready. Please follow the steps below so we can deliver your certificate:*

**Instructions:**

1. E-mail the letter you received from your lender to [lenderletters@eoidirect.com](mailto:lenderletters@eoidirect.com) or Fax the letter to (208) 379-4341.  [No E-mail or Fax Machine?](#)
2. *Please reference Order #1300789 on your e-mail or fax.* We cannot process your request without your order number.

## What this means for you...

We could not find a record of your loan information. Please e-mail or fax a copy of the letter your lender sent you to:

- [lenderletters@eoidirect.com](mailto:lenderletters@eoidirect.com)
- 208-379-4341

Once your letter is received, we will release your request

**Thank You For Your Order!**

**Order Number:** 1300790

**Description:** 1 Certificate of property insurance via Email

*Your renewal request has been forwarded to your insurance agent for review. E-mailed instructions will be sent to your User ID upon the agent's review. You may print this screen for your records.*

For quality assurance, the agent would like to review your request. Please allow 2-3 business days for your request to be processed. Once the request is reviewed, the certificate will be sent to the e-mail or fax you selected on the previous page.

**Shipment Confirmation for Order #1300794**

Your Certificate of property insurance has been sent via email to [a.berger@eoidirect.com](mailto:a.berger@eoidirect.com).

To view your certificate immediately, [Click here](#).

Contact EOI Direct to correct any errors made when ordering your certificate to avoid being charged again. Please include your order number with all EOI Direct correspondence.

Click **Continue** to go to your Control Center.

Your request has been processed and sent. No further action is required.

For assistance with the website, please contact EOIDirect Monday-Friday 7:00am-6:00pm MST at 877-456-3643