



VILLPAR-01

JYOUHOUSE

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/23/2022

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).

PRODUCER <b>LeBaron &amp; Carroll LLC</b> 1350 E Southern Avenue Mesa, AZ 85204	CONTACT NAME: <b>James Youhouse, CISR Elite</b>	
	PHONE (A/C, No, Ext): <b>(480) 464-3419</b>	FAX (A/C, No):
	E-MAIL ADDRESS: <b>james@lebaroncarroll.com</b>	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED  <b>Villa Paraiso Council of Co-Owners, Inc</b> <b>c/o Vision Community Management</b> <b>16625 S Desert Foothills Parkway</b> <b>Phoenix, AZ 85048</b>	INSURER A : <b>Great American Alliance Insurance Company</b>	
	INSURER B : <b>Federal Insurance Co</b>	<b>20281</b>
	INSURER C : <b>Allmerica Financial Benefit Insurance Company</b>	<b>41840</b>
	INSURER D : <b>ACE Fire Underwriters Insurance Company</b>	
	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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		PAC3139959	8/18/2022	8/18/2023	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>500,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PAC3139959	8/18/2022	8/18/2023	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			G74509472	8/18/2022	8/18/2023	EACH OCCURRENCE \$ <b>10,000,000</b> AGGREGATE \$ <b>10,000,000</b> \$
C	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		N / A	W2YH018939	8/18/2022	8/18/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
B	Crime			9983-3889	8/18/2022	8/18/2023	Retention: \$500 <b>200,000</b>
D	Directors & Officers	X		ADOAZF158439252	8/18/2022	8/18/2023	Retention: \$1,000 <b>1,000,000</b>

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

Condominium Association consists of 12 Buildings and 84 Units.

Insuring Agreement: Original Specification/Single Entity: Walls-In coverage, excluding improvements, betterments, upgrades and additional installations to the unit, after first conveyance.

Separation of Insureds - Included.

Property management company is considered an Employee with respect to the Crime policy and an Additional Insured with respect to the General Liability, where required by written contract.

SEE ATTACHED ACORD 101

## CERTIFICATE HOLDER

## CANCELLATION

Vision Community Management  
16625 S Desert Foothills Parkway  
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



## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>LeBaron &amp; Carroll LLC</b>		NAMED INSURED <b>Villa Paraiso Council of Co-Owners, Inc c/o Vision Community Management 16625 S Desert Foothills Parkway Phoenix, AZ 85048</b>
POLICY NUMBER <b>SEE PAGE 1</b>		
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

## Description of Operations/Locations/Vehicles:

Vision Community Management and the property manager are included as an Additional Insured with respect to the Directors & Officers liability policy where required by written contract, but only with respect to Claims arising out of Wrongful Acts or Employment Practices Wrongful Acts while acting within the scope of his, her or its duties on behalf of the Insured.



## EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
8/23/2022

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS <b>LeBaron &amp; Carroll LLC</b> 1350 E Southern Avenue Mesa, AZ 85204		PHONE (A/C, No, Ext): <b>(480) 834-9315</b>	COMPANY NAME AND ADDRESS <b>Great American Alliance Insurance Company</b> 301 E 4th Street Cincinnati, OH 45202		NAIC NO:
Contact name: <b>James Youhouse, CISR Elite</b>		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH			
FAX (A/C, No): <b>(480) 844-9866</b>	E-MAIL ADDRESS: <b>landc@lebaroncarroll.com</b>				
CODE:	SUB CODE:		POLICY TYPE <b>Commercial Package</b>		
AGENCY CUSTOMER ID #: <b>VILLPAR-01</b>					
NAMED INSURED AND ADDRESS <b>Villa Paraiso Council of Co-Owners, Inc</b> c/o Vision Community Management 16625 S Desert Foothills Parkway Phoenix, AZ 85048			LOAN NUMBER	POLICY NUMBER <b>PAC3139959</b>	
			EFFECTIVE DATE <b>8/18/2022</b>	EXPIRATION DATE <b>8/18/2023</b>	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)			THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) ☒ BUILDING OR ☒ BUSINESS PERSONAL PROPERTY


LOCATION / DESCRIPTION <b>Loc # 0, Bldg # 0, 1349 E. Fort Lowell Road, Tucson, AZ 85719, Condominiums - 12 Bldgs; 84 Units</b> <b>SEE ATTACHED ACORD 101</b>
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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION		PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL	
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: <b>\$ 13,660,000</b>		DED: <b>10,000</b>				
	YES	NO	N/A			
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	<input checked="" type="checkbox"/>			If YES, LIMIT: <b>160,000</b>	Actual Loss Sustained; # of months: <b>12</b>	
BLANKET COVERAGE	<input checked="" type="checkbox"/>			If YES, indicate value(s) reported on property identified above: \$	<b>13,660,000</b>	
TERRORISM COVERAGE	<input checked="" type="checkbox"/>			Attach Disclosure Notice / DEC		
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		<input checked="" type="checkbox"/>				
IS DOMESTIC TERRORISM EXCLUDED?		<input checked="" type="checkbox"/>				
LIMITED FUNGUS COVERAGE	<input checked="" type="checkbox"/>			If YES, LIMIT: <b>15,000</b>	DED: <b>10,000</b>	
FUNGUS EXCLUSION (If "YES", specify organization's form used)		<input checked="" type="checkbox"/>				
REPLACEMENT COST	<input checked="" type="checkbox"/>					
AGREED VALUE		<input checked="" type="checkbox"/>				
COINSURANCE		<input checked="" type="checkbox"/>		If YES, %		
EQUIPMENT BREAKDOWN (If Applicable)	<input checked="" type="checkbox"/>			If YES, LIMIT: <b>13,110,000</b>	DED: <b>10,000</b>	
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/>			If YES, LIMIT: <b>13,110,000</b>	DED: <b>10,000</b>	
- Demolition Costs	<input checked="" type="checkbox"/>			If YES, LIMIT:	DED: <b>10,000</b>	
- Incr. Cost of Construction	<input checked="" type="checkbox"/>			If YES, LIMIT:	DED: <b>10,000</b>	
EARTH MOVEMENT (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT:	DED:	
FLOOD (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT:	DED:	
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>			If YES, LIMIT:	DED: <b>10,000</b>	
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>			If YES, LIMIT:	DED: <b>10,000</b>	
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	<input checked="" type="checkbox"/>					

## 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.

## ADDITIONAL INTEREST

CONTRACT OF SALE	LENDER'S LOSS PAYABLE	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE			
NAME AND ADDRESS <b>Vision Community Management</b> 16625 S Desert Foothills Parkway Phoenix, AZ 85048			AUTHORIZED REPRESENTATIVE 

**ADDITIONAL REMARKS SCHEDULE**

AGENCY <b>LeBaron &amp; Carroll LLC</b>		NAMED INSURED <b>Villa Paraiso Council of Co-Owners, Inc c/o Vision Community Management 16625 S Desert Foothills Parkway Phoenix, AZ 85048</b>
POLICY NUMBER <b>PAC3139959</b>		
CARRIER <b>Great American Alliance Insurance Company</b>	NAIC CODE	EFFECTIVE DATE: <b>08/18/2022</b>

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 28 FORM TITLE: EVIDENCE OF COMMERCIAL PROPERTY INSURANCE**Property Information:**

Loc # 1, Bldg # 1, 1357 E. Ft. Lowell Road, Tucson, AZ 85719, Units 1-4  
Loc # 2, Bldg # 1, 1347 E. Ft. Lowell Road, Tucson, AZ 85719, Units 5-9  
Loc # 3, Bldg # 1, 1345 E. Ft. Lowell Road, Tucson, AZ 85719, Units 10-14  
Loc # 4, Bldg # 1, 1335 E. Ft. Lowell Road, Tucson, AZ 85719, Units 15-18  
Loc # 5, Bldg # 1, 1337 E. Ft. Lowell Road, Tucson, AZ 85719, Units 19-23  
Loc # 6, Bldg # 1, 1343 E. Ft. Lowell Road, Tucson, AZ 85719, Units 24-29  
Loc # 7, Bldg # 1, 1351 E. Ft. Lowell Road, Tucson, AZ 85719, Units 30-34  
Loc # 8, Bldg # 1, 1349 E. Ft. Lowell Road, Tucson, AZ 85719, Units 35-40  
Loc # 9, Bldg # 1, 1355 E. Ft. Lowell Road, Tucson, AZ 85719, Units 41-45  
Loc # 10, Bldg # 1, 1353 E. Ft. Lowell Road, Tucson, AZ 85719, Units 46-48, 49A, 49B, 50A, 50B  
Loc # 11, Bldg # 1, 1341 E. Ft. Lowell Road, Tucson, AZ 85719, Units 51-58 (A+B)  
Loc # 12, Bldg # 1, 1339 E. Ft. Lowell Road, Tucson, AZ 85719, Units 59-66 (A+B)  
Loc # 13, Bldg # 1, Pool  
Loc # 14, Bldg # 1, Sign  
Loc # 15, Bldg # 1, Outdoor Grill Area  
Loc # 16, Bldg # 1, Pool House  
Loc # 17, Bldg # 1, Walls

**Special Conditions:**

Condominium Association consists of 12 Buildings and 84 Units.

Insuring Agreement: Original Specification/Single Entity: Walls-In coverage, excluding improvements, betterments, upgrades and additional installations to the unit, after first conveyance.

Guaranteed Replacements Cost applies.

Ordinance or Law Coverages B &amp; C: 25% of Building Limit / \$1,000,000 Maximum.

Water Damage Deductible: \$25,000 PER UNIT

# VILLA PARAISO COUNCIL OF CO-OWNERS, INC.

## UNIT OWNER - INSURANCE LETTER

Unit Owners:

At the direction of the Board of Directors, LeBaron & Carroll has renewed the Master Insurance Policy for your Association. We have enclosed a Certificate of Insurance Request form for your review and records.

The Association's Master Policy excludes many of the insurance needs for each Unit Owner. Thus, every Unit Owner needs to have a personal HO6 policy for those items not covered by the Master Policy.

In the event of a master policy covered loss, the Master Policy will pay to rebuild the residential condominium buildings, including heating, cooling, plumbing, electrical and roofing systems, including "Units", excluding improvements, betterments, upgrades, and additional installations made to the unit, after first conveyance, **minus the Master Policy deductible of \$10,000 (All Other Perils) & \$25,000 "Per Unit" (Water Damage).** This Master Policy is an "Original Specifications" Policy, which means we will provide coverage for "Units" excluding any additions, upgrades, betterments, or improvements made to the unit by any unit owner in conjunction with the personal contents of the unit owner.

A Unit Owner's personal HO6 insurance policy should include the following:

- Coverage for your improvements, betterments, upgrades, and additional installations made to your unit, including fixtures, cabinets, countertops, built-in bookshelves & other permanently attached fixtures, appliances, floor & wall coverings
- Coverage for Unit Owner's personal property, including theft of property.
- Coverage for damaged property falling below the deductible (\$10,000/\$25,000).
- Mold Coverage is included on a limited basis (\$15,000 - aggregate) under the Master Policy, but some personal policies offer this coverage for an additional premium. Please check with your agent for limits and rates.
- A Loss Assessment Endorsement. This provides coverage in the event you as a Unit Owner are assessed by the Association for a covered loss. Includes coverage for the Association's deductible (\$10,000/\$25,000)
- Coverage for the Unit Owner's personal liability.
- Additional Living Expenses/Loss of Use/Loss of Rents.
- Any other coverage you and your personal insurance agent deem necessary.

The amount of coverage and/or policy limits on the unit owner's personal policy is to be determined by the Unit Owner and his/her personal insurance agent.

Claims for any Association-covered items must be submitted through your Board of Directors or Property Manager for consideration.

"Special Form" Coverage includes coverage for fire, smoke, lightning, windstorm, hail, falling objects, explosion, aircraft & vehicle damage, riot & civil commotion, vandalism, theft, weight of ice, sleet & snow, collapse, and water damage (sudden and immediate rapid water release or overflow from plumbing or appliances, frozen pipes, and convector units).

No coverage is provided for wear & tear, inertia, deterioration, damage from insects, animals, or vermin, settling, cracking of foundations, walls, basements, or roofing systems. There is no coverage for water damage caused by the repeated leaking or seeping from appliances or plumbing. **This includes leaking from around the shower, bathtub, or sink.** These events are specifically categorized as maintenance items.

We strongly recommend that you contact your personal insurance agent and review your Association's CC&R's to make sure you are adequately insured in the event of a loss. If you do not have an HO-6 policy or would like a competitive quote, please feel free to contact our personal lines office.



## **CERTIFICATE OF INSURANCE REQUEST FORM**

### **PLEASE USE THIS FORM INSTEAD OF YOUR COMPANY FORM**

Requests are processed in a timely manner, usually within 2 business days turnaround, and mailed directly to the Mortgage Holder, unless forwarding instructions are provided below.

ASSOCIATION NAME \_\_\_\_\_

UNIT OWNER/SHAREHOLDER: (as they appear on the mortgage loan, including middle names or initials)

\_\_\_\_\_

COMPLETE UNIT ADDRESS: (street #, name, unit #, city, state and zip code)

\_\_\_\_\_

\_\_\_\_\_

MORTGAGE LOAN NUMBER: \_\_\_\_\_

MORTGAGE CLAUSE/CERTIFICATE HOLDER:

(as it should appear on the Certificate of Insurance, including full name, clause, and address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Website Request: [www.lebaroncarroll.com](http://www.lebaroncarroll.com)**

<https://www.lebaroncarroll.com/coirequest.htm>

### **Email address for Certificate of Insurance to be sent**

Email Address:

\_\_\_\_\_

### **Email address for Confirmation of Submission to be sent**

Email Address:

\_\_\_\_\_