CRYSSPR-01

AFRYE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/3/2024

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(les) must have ADDITIONAL INSURED provisions or be endors if SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statemen this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).												
PROD						CONTACT NAME:						
		nsurance Agency, Inc. neridge Drive, Suite 403				PHONE (A/C, No, Ext): (877) 317-9300 FAX (A/C, No): (877) 317-9305						
Pleasanton, CA 94588							E-MAIL ADDRESS: info@hoainsurance.net					
							NAIC#					
						INSURE	ny					
INSU	RED					INSURER B : Federal Insurance Company						
		Crystal Springs II, Inc		/:-:- <u>-</u>	. Camananita Mananana	INSURE	INSURER C : Continental Casualty Company					
		RealManage Family of Brain 16625 S. Desert Foothills P		risior	i Community Manageme	INSURE	INSURER D:					
	10023 3. Desert 1 outlins F kwy						INSURER E :					
						INSURE						
CO	COVERAGES CERTIFICATE NUMBER:					REVISION NUMBER:						
IN Ce	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE						NY CONTRAC	CT OR OTHER IES DESCRIB	DOCUMENT WITH RESPECT	TO WHICH THIS		
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	X	COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE \$	1,000,000		
		CLAIMS-MADE X OCCUR	X		TBD-1		3/31/2024	3/31/2025	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100,000		
			_						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- LOC							PRODUCTS - COMP/OP AGG \$	2,000,000		

A	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Χ	TBD-1	3/31/2024	3/31/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						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- LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
A	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO	X	TBD-1	3/31/2024	3/31/2025	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
В	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE	X	G74709783	3/31/2024	3/31/2025	AGGREGATE	\$ 5,000,000
	DED X RETENTION \$ 0						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANY PROPERTY PARTIES ANY PROPERTY PARTIES AND EAST OF THE PARTIES AND PARTIES					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
C	Directors & Officers	X	768601689	3/31/2024	3/31/2025	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 property values.

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.						
r Hoelina, AZ 03040	AUTHORIZED REPRESENTATIVE						



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 04/03/2024

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.

··							
PRODUCER	CONTACT NAME:						
Socher Insurance Agency, Inc.		FAX (A/C, No): (877) 3	317-9305				
Socher Insurance Agency, Inc. 7901 Stoneridge Drive, Suite 403 Pleasanton, CA 94588	E-MAIL ADDRESS: info@hoainsurance.net						
	PRODUCER CUSTOMER ID: CRYSSPR-01						
	INSURER(S) AFFORDING COVERAGE	NAIC#					
INSURED	INSURER A: (SURPLUS) Accelerant Specialty Insurance Company						
Crystal Springs II, Inc	INSURER B: Continental Casualty Company						
RealManage Family of Brands Vision Community Manageme	INSURER C:						
16625 S. Desert Foothills Pkwy	INSURER D :						
Phoenix, AZ 85048	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 (Boiler Machinery) coverage included. Crime/Employee Dishonesty/Fidelity Bond includes Property Manager as an Employee. Common Elements included on policy.

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	SR TYPE OF INSURANCE			POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY		LIMITS
Α	Х	PROPERTY						BUILDING	\$
	CAUSES OF LOSS DEDUCTIBLES		DEDUCTIBLES	TBD-1	03/31/2024	03/31/2025		PERSONAL PROPERTY	\$
		BASIC	BUILDING 10,000					BUSINESS INCOME	\$
	BROAD CONTENTS		CONTENTS					EXTRA EXPENSE	\$
	X	SPECIAL	00.11.2.11.0					RENTAL VALUE	\$
		EARTHQUAKE						BLANKET BUILDING	\$
		WIND						BLANKET PERS PROP	\$
		FLOOD					X	BLANKET BLDG & PP	\$ 11,483,000
	Х	Water Deductib	50,000				X	Bld Ord B:	\$ 300,000
	Х	Bld Ord A- Incl					Х	Bld Ord C:	\$ 300,000
		INLAND MARINE		TYPE OF POLICY					\$
	CAL	JSES OF LOSS							\$
		NAMED PERILS		POLICY NUMBER					\$
									\$
В	Х	CRIME					Х	Deductible: \$250	\$ 350,000
	TYPE OF POLICY								\$
	Fidelity Bond			768601689	03/31/2024	03/31/2025			\$
	BOILER & MACHINERY /								\$
	EQUIPMENT BREAKDOWN								\$
									\$
									\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

A- Special Form, 100% Replacement Cost on an agreed value with no coinsurance. 64 Units.

4% inflation guard included. Policy is Walls In excluding betterments and improvements. Severability of Interest included on Package Policy.

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.
1 110011111,712 000 10	AUTHORIZED REPRESENTATIVE