

CJIMINEZ



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/23/2025

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).

							ificate holder in lieu of su				require an endorsemen	l. AS	latement on	
PRODUCER								CONTACT NAME:						
Socher Insurance Agency, Inc. 7901 Stoneridge Drive, Suite 403								PHONE (A/C, No, Ext): (877) 317-9300 FAX (A/C, No): (877) 317-9305						
Plea	san	ton, CA 94588	, ou	100				E-MAIL ADDRE	_{ss:} info@ho	ainsurance	e.net			
								INSURER(S) AFFORDING COVERAGE					NAIC#	
									INSURER A: Lio Insurance Company					
INSURED Eighth Street Square Townhouse Association								INSURE	RB: Contine	ental Casua	alty Company			
							ociation VISION COMMUNITY M	INSURE	RC:					
		16625 S.	Des	ert Foothills Pl			,	INSURER D:						
		Phoenix,	ΑZ	85048					INSURER E :					
								INSURE	RF:					
		AGES					E NUMBER:				REVISION NUMBER:			
							SURANCE LISTED BELOW ENT, TERM OR CONDITIO							
С	ERTI	FICATE MAY B	E IS	SSUED OR MAY	PER	TAIN,	THE INSURANCE AFFOR	DED BY	THE POLIC	IES DESCRIB	ED HEREIN IS SUBJECT 1			
INSR					I POLICIES. LIMITS SHOWN MAY HAVE ADDL SUBR POLICY NUMBER			POLICY FEE POLICY FYP						
A	х	TYPE OF I			INSD	WVD	POLICY NUMBER		(MM/DD/YYYY) (MI		LIMIT		1,000,000	
^	_	CLAIMS-MAD	г	X OCCUR			110 4 4000000740 04		4/20/2025	4/20/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
		CLAINS-MAL) <u> </u>	A OCCOR			HOA1000033742-01		4/29/2025	4/29/2026		\$	5,000	
											MED EXP (Any one person)	\$	1,000,000	
		J									PERSONAL & ADV INJURY	\$	2,000,000	
	GEN	N'L AGGREGATE LI POLICY PE	MIT A RO- ECT	LOC							GENERAL AGGREGATE	\$	2,000,000	
			CT								PRODUCTS - COMP/OP AGG	\$		
Α	ALIT	OTHER:	rv								COMBINED SINGLE LIMIT	\$		
	AUI	ANY AUTO					HOA1000033742-01		4/29/2025	4/29/2026	(Ea accident) BODILY INJURY (Per person)	\$		
		OWNED AUTOS ONLY		SCHEDULED AUTOS						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	BODILY INJURY (Per accident)	\$		
	X	HIRED AUTOS ONLY	X	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	Х	Included		AUTOS ONLY							(Fer accident)	\$		
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB		CLAIMS-MADE	:						AGGREGATE	\$		
		DED RETE	ENTIC	ON \$								\$		
	WOF	RKERS COMPENSA EMPLOYERS' LIAE	TION	 V							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A						E.L. EACH ACCIDENT	\$			
				N/A						E.L. DISEASE - EA EMPLOYEE	\$			
										E.L. DISEASE - POLICY LIMIT	\$			
В	B Directors & Officers					768605547		4/29/2025	4/29/2026	Deductible: \$1,000		1,000,000		
DES Cov PUD	erag	TION OF OPERATION OF the Con	NS / I	LOCATIONS / VEHIC In Area Only. Co	LES (A	ACORE ge do	D 101, Additional Remarks Schedues not extend to the lots a	ule, may b nd/or a	e attached if moi ny privately c	re space is requi owned units v	 red) vhether owner or tenant c	occupie	ed within the	
CE	RTIF	ICATE HOLD	ER					CANO	ELLATION					
for informational purposes								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					
									Chuix Jimm					



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 04/23/2025

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PRODUCER	CONTACT NAME:						
Socher Insurance Agency, Inc.	PHONE (A/C, No, Ext): (877) 317-9300 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: EIGHSTR-02						
	INSURER(S) AFFORDING COVERAGE	NAIC#					
INSURED	INSURER A : Lio Insurance Company						
Eighth Street Square Townhouse Association	INSURER B : Continental Casualty Company						
REALMANAGE FAMILY OF BRANDS VISION COMMUNITY M	INSURER C:						
16625 S. Desert Foothills Pkwy, Phoenix. AZ 85048	INSURER D:						
PHOEHIX, AZ 03040	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)

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 IN	SURANCE	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			HOA1000033742-01	04/29/2025	04/29/2026	X	PERSONAL PROPERTY	\$	15,000
	BASIC BUILDING 1,000							BUSINESS INCOME	\$	
		BROAD	CONTENTS					EXTRA EXPENSE	\$	
	Χ	SPECIAL	CONTENTO					RENTAL VALUE	\$	
		EARTHQUAKE						BLANKET BUILDING	\$	
		WIND						BLANKET PERS PROP	\$	
		FLOOD						BLANKET BLDG & PP	\$	
							Х	Common area coverage	\$	118,120
							Х	Plants,Trees&Shrubs	\$	25,000
	INLAND MARINE			TYPE OF POLICY					\$	
	CAUSES OF LOSS								\$	
	NAMED PERILS			POLICY NUMBER					\$	
									\$	
Α	Χ	CRIME					Х	Deductible: \$1,000	\$	250,000
	TYPE OF POLICY								\$	
	Fic	delity Bond		HOA1000033742-01	04/29/2025	04/29/2026			\$	
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN								\$	
								1	\$	
В	XS Fidelity Bond			768605550	04/29/2025	04/29/2026	Х	Deductible: \$250,000	\$	50,000
								1	\$	

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Special Form, Replacement Cost Basis.
Coverage is for the Common Area Only. 48 units.

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for informational purposes	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

CANCELL ATION

ACORD 24 (2016/03)

CERTIFICATE HOLDER



4/22/2025

Eighth Street Square Townhouse AssociationCivil Code 5300(b)(9) Disclosure Summary Form

<u>Property:</u> LIO Insurance Company: 4/29/2025 - 4/29/2026 \$118,120 Common Area Property Limit with a \$1,000 Deductible. \$25,000 Plants, Trees & Shrubs Limit with a \$1,000 Deductible. \$15,000 BPP Limit with a \$1,000 Deductible.

<u>General Liability:</u> LIO Insurance Company: 4/29/2025 - 4/29/2026 \$1,000,000/\$2,000,000 per Occurrence/General Aggregate with a \$0 Deductible. Included Non-Owned and Hire Automobile Liability is included in this policy.

<u>Umbrella Liability:</u> No Coverage through our Agency.

<u>Directors' and Officers Liability:</u> Continental Casualty Company: 4/29/2025 - 4/29/2026 \$1,000,000 per Occurrence and Annual Aggregate with a \$1,000 retention per Occurrence.

Employee Dishonesty: LIO Insurance Company & Continental Casualty Company: 4/29/2025 - 4/29/2026 \$250,000 Primary/\$50,000 Excess per Occurrence with a \$1,000/\$250,000 Deductible.

Workers' Compensation: No Coverage through our Agency.

Equipment Breakdown Coverage: No Coverage through our Agency.

<u>Earthquake Insurance:</u> No Coverage through our Agency.

<u>Flood:</u> No Coverage through our Agency.

This summary of the Association's policies of insurance provides only certain information, as required by subdivision (b) of Section 5300 of the Civil Code, and should not be considered a substitute for the complete policy terms and conditions contained in the actual policies of insurance. Any Association Member may, upon request and provision of reasonable notice, review the Association's Insurance Policies and, upon request and payment of reasonable duplication charges, obtain copies of those policies. Although the Association maintains the Policies of Insurance specified in this summary, the Association's Policies of Insurance may not cover your property, including personal property or real property improvements to or around your dwelling, or personal injuries or other losses that occur within or around your dwelling. Even if a loss is covered, you may nevertheless be responsible for paying all or a portion of any Deductible that applies. Association Members should consult with their individual Insurance Broker or Agent for appropriate additional coverage.

^{**}Coverage is Common Area Only. Each homeowner is responsible for insuring their own dwelling. For further information please call us at 877-317-9300.