

SHAXTON



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/9/2025

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).

th	nis certificate does not confer rights to	the	cert	ificate holder in lieu of su	ich end	lorsement(s)						
PRO	DUCER				CONTA NAME:	СТ						
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	asanton, CA 94588		E-MAIL ADDRESS: info@hoainsurance.net									
					ABBILL						NAIC#	
					INSURER(s) AFFORDING COVERAGE INSURER A : American Alternative Insurance Corporation							
INSL	IRED				INSURER B : Philadelphia Indemnity Insurance Company							
	Virginia Park Villas Homeow	ners	Ass	ociation Incorporated	INSURE							
	RealManage Family of Brand			Community Managemen								
	16625 S Desert Foothills Par Phoenix, AZ 85048	INSURE										
	Piloellix, AZ 03040				INSURER E : INSURER F :							
	V=2.10=0				INSURE	:R F :		55,40,01,11,11				
				E NUMBER:		EEN JOOUED 3		REVISION NUM		IE DOI	IOV DEDICE	
	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R											
С	ERTIFICATE MAY BE ISSUED OR MAY	PER	TAIN,	THE INSURANCE AFFOR	DED BY	THE POLICI	ES DESCRIB	ED HEREIN IS SUI				
E.	XCLUSIONS AND CONDITIONS OF SUCH											
LTR		INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		S	4 000 000	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	E	\$	1,000,000	
	CLAIMS-MADE X OCCUR			CAU530851-2		5/11/2025	5/11/2026	DAMAGE TO RENTER PREMISES (Ea occurr	rence)	\$	1,000,000	
								MED EXP (Any one pe	erson)	\$	5,000	
								PERSONAL & ADV IN	JURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	ATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/	OP AGG	\$	1,000,000	
	OTHER:									\$		
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE I (Ea accident)	LIMIT	\$	1,000,000	
	ANY AUTO			5/11/2025	5/11/2026	BODILY INJURY (Per	person)	\$				
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per	•	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	=	\$		
	ACTOC CINET							(, , , , , , , , , , , , , , , , , , ,		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	E I	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	_	\$		
	DED RETENTION \$							7.001.1207.112		\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	Ψ		
								E.L. EACH ACCIDEN		\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EN		·		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC		\$		
В	Directors & Officers			PCAP043774-0224		5/11/2025	5/11/2026	Deductible - \$1,		Ф	1,000,000	
DEC	COURTION OF OBERATIONS (1 COATIONS (1.77112)	FC 1	1005	104 Addistant D		a attached to	! !					
Plea	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL se see Certificate of Property, Acord 24	, for	build	ing values.	ne, may b	e attached if mor	e space is requir	rea)				
CERTIFICATE HOLDER						CANCELLATION						
		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE										
						EXPIRATION	N DATE TH	IEREOF, NOTICE				
	For Informational Purposes	ACCORDANCE WITH THE POLICY PROVISIONS.										
						RIZED REPRESE	NTATIVE					
		KAINAD.										



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 05/09/2025

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PRODUCER	CONTACT NAME:						
Socher Insurance Agency, Inc. 7901 Stoneridge Drive, Suite 403		FAX (A/C, No): (877) 3	317-9305				
7901 Stoneridge Drive, Suite 403 Pleasanton, CA 94588	E-MAIL ADDRESS: info@hoainsurance.net						
	PRODUCER CUSTOMER ID: VIRGPAR-01						
	INSURER(S) AFFORDING COVERAGE	NAIC#					
INSURED	INSURER A: American Alternative Insurance Corporation						
Virginia Park Villas Homeowners Association Incorporated	INSURER B : PMA Insurance Group						
RealManage Family of Brands/Vision Community Managemen	INSURER C :						
16625 S Desert Foothills Parkway	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 coverage included. Crime/Employee Dishonesty/Fidelity Bond includes Property Manager as an Employee.

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		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	CAU530851-2	05/11/2025	05/11/2026		PERSONAL PROPERTY	\$	
		BASIC	BUILDING 10,000					BUSINESS INCOME	\$	
		BROAD	CONTENTS					EXTRA EXPENSE	\$	
	X	SPECIAL						RENTAL VALUE	\$	
		EARTHQUAKE						BLANKET BUILDING	\$	
		WIND						BLANKET PERS PROP	\$	
		FLOOD					X	BLANKET BLDG & PP	\$	3,350,000
	X	Ord Cov A: Inc					X	Ord Cov B	\$	300,000
							X	Ord Cov C	\$	336,000
	INLAND MARINE		:	TYPE OF POLICY					\$	
	CAUSES OF LOSS								\$	
		NAMED PERILS		POLICY NUMBER					\$	
									\$	
В	X	X CRIME					X	Deductible - \$1,000	\$	50,000
	TYPE OF POLICY		Y						\$	
	Fic	Fidelity Bond 412501-06-01-59		412501-06-01-59-1Y	05/11/2025	05/11/2026			\$	
		BOILER & MACHINERY / EQUIPMENT BREAKDOWN							\$	
	EQUIPMENT BREAKDOWN		LARDOWN						\$	
									\$	
									\$	

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

Special Form (wind included), Guaranteed Replacement Cost Basis with No Co-Insurance. 14 Units. Policy is Walls in including Betterments & Improvements. Severability of Interest included on Package Policy. Common elements included on policy.

CERTIFICATE HOLDER	CANCELLATION
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 KAYNRA



5/9/2025

Virginia Park Villas Homeowners Association Incorporated

Civil Code 5300(b)(9) Disclosure Summary Form

Property: American Alternative Insurance Corporation: 5/11/2025 - 5/11/2026 \$3,350,000 Special Form, (Wind Included) Guaranteed Replacement Cost with No Coinsurance and a \$10,000 Deductible per Occurrence. Equipment Breakdown Coverage is included.

General Liability: American Alternative Insurance Corporation: 5/11/2025 - 5/11/2026 \$1,000,000/\$0 per Occurrence/General Aggregate with a \$0 Deductible. \$1,000,000 Non-Owned and Hired Automobile Liability is included in this policy.

Umbrella Liability: No Coverage through our Agency.

<u>Directors' and Officers' Liability: Philadelphia Indemnity Insurance Companies: 5/11/2025 - 5/11/2026</u> \$1,000,000 per Occurrence/General Aggregate with a \$1,000 Retention per Occurrence.

Employee Dishonesty: PMA Insurance Group: 5/11/2025 - 5/11/2026 \$50,000 per Occurrence with a \$1,000 Deductible.

Workers' Compensation: No Coverage through our Agency.

Earthquake Insurance: No Coverage through our Agency.

Flood: 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.

For lender and/or unit specific Evidence of Insurance please call EOI Direct at 877-456-3643. For general proof of insurance please contact Socher Insurance at 877-317-9300