



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
12/30/2024

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. 7901 Stoneridge Drive, Suite 403 Pleasanton, CA 94588	PHONE (A/C, No, Ext):	(877) 317-9300
	FAX (A/C, No):	(877) 317-9305
	E-MAIL ADDRESS:	info@hoainsurance.net
	PRODUCER CUSTOMER ID:	SUNLSPR-01
INSURED	INSURER(S) AFFORDING COVERAGE	
	INSURER A :	American Alternative Insurance Corporation
	INSURER B :	
	INSURER C :	
	INSURER D :	
	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	
A	X	PROPERTY	CAU505782-3	01/01/2025	01/01/2026	X	BUILDING	\$ 25,250,000		
	CAUSES OF LOSS					DEDUCTIBLES	X	PERSONAL PROPERTY	\$ 15,000	
		BASIC				BUILDING		BUSINESS INCOME	\$	
		BROAD				25,000		EXTRA EXPENSE	\$	
	X	SPECIAL						RENTAL VALUE	\$	
	EARTHQUAKE						BLANKET BUILDING	\$		
	WIND						BLANKET PERS PROP	\$		
	FLOOD						BLANKET BLDG & PP	\$		
	X	Ord Cov A: Incl					X	Ord Cov B	\$ 1,218,000	
							X	Ord Cov C	\$ 2,437,000	
		INLAND MARINE				TYPE OF POLICY				\$
	CAUSES OF LOSS	POLICY NUMBER				\$				
	NAMED PERILS					\$				
						\$				
A	X	CRIME	CAU505782-3	01/01/2025	01/01/2026	X	Deductible: \$0	\$ 225,000		
	TYPE OF POLICY						\$			
	Fidelity Bond						\$			
		BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$			
							\$			
							\$			

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. 93 Units. Policy is Walls in excluding 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



SUNLSPR-01

CJIMINEZ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/6/2025

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).

PRODUCER Socher Insurance Agency, Inc. 7901 Stoneridge Drive, Suite 403 Pleasanton, CA 94588	CONTACT NAME: PHONE (A/C, No, Ext): (877) 317-9300 FAX (A/C, No): (877) 317-9305 E-MAIL ADDRESS: info@hoainsurance.net
INSURER(S) AFFORDING COVERAGE	
INSURER A: American Alternative Insurance Corporation	
INSURER B: Federal Insurance Company	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED Sunland Springs Village Garden Condominium Association REALMANAGE FAMILY OF BRANDS VISION COMMUNITY M 16625 S Desert Foothills Pkwy, Phoenix, AZ 85048	NAIC #
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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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CAU505782-3	1/1/2025	1/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CAU505782-3	1/1/2025	1/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 checked="" type="checkbox"/> RETENTION \$ 0			G74849891	1/1/2025	1/1/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	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				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Directors & Officers			CAU505782-3	1/1/2025	1/1/2026	Deductible: \$0 1,000,000

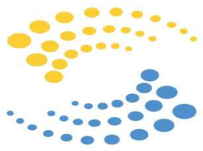
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Please see Certificate of Property, Acord 24, for building values.

RealManage Family of Brands/Vision Community Management is included as named insured in regards to management of Sunland Springs Village Garden Condominium Association.

CERTIFICATE HOLDER

CANCELLATION

RealManage Family of Brands/Vision Community Management 16225 S Desert Fothills 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



SOCHER

The Leader in HOA Insurance Since 1987

12/23/2024

Sunland Springs Village Garden Condominium Association
Disclosure Summary Form

Property: American Alternative Insurance Corp.: 1/1/2025 - 1/1/2026
\$25,250,000 Special Form, **(Wind Included) Guaranteed Replacement Cost** with **No Coinsurance** and a \$25,000 Deductible per Occurrence. Equipment Breakdown included.

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

Umbrella Liability: Federal Insurance Company: 1/1/2025 - 1/1/2026
\$1,000,000 Each Occurrence/General Aggregate with a \$0 self insured retention each occurrence.

Directors' and Officers' Liability: American Alternative Insurance Corp.: 1/1/2025 - 1/1/2026
\$1,000,000 per Occurrence/General Aggregate with a \$0 Retention per Occurrence.

Employee Dishonesty: American Alternative Insurance Corp.: 1/1/2025 - 1/1/2026
\$225,000 per Occurrence with a \$0 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, 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*****