

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 6/26/2025

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 If SUBROGATION IS WAIVED, subjec this certificate does not confer rights	to th	ne ter	ms and conditions of th	e polic	y, certain p	olicies may					
PRODUCER					CONTACT NAME:						
LaBarre/Oksnee Insurance					PHONE (A/C, No, Ext): 800-698-0711 (A/C, No): 949-588-1275						
30 Enterprise, Suite 180				(A/C, No, Ext): 000-090-0711 (A/C, No): 949-300-1275   E-MAIL ADDRESS: info@hoa-insurance.com (A/C, No): 949-300-1275							
Aliso Viejo CA 92656											
				INSURER(S) AFFORDING COVERAGE NAIC							
									26522		
INSURED THESHOR-02 The Shores Condominium Association				INSURER B : National Fire & Marine							
c/o Vision Community Managemen				INSURER C : PMA Insurance Group					12262		
16625 S. Desert Foothills Pkwy				INSURE	RD: Ascot In	surance Com	pany		23752		
Phoenix AZ 85048				INSURE	RE:						
				INSURER F :							
COVERAGES CERTIFICATE NUMBER: 1455739006							<b>REVISION NUMBER:</b>				
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.											
LTR TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT				
	Y		NPP2594692		1/4/2025	1/4/2026	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000	,		
CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$ 100,0	00		
							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- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,000	,000		
OTHER:								\$	,		
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
ANY AUTO							BODILY INJURY (Per person)	\$			
OWNED SCHEDULED							BODILY INJURY (Per accident)				
AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$			
AUTOS ONLY AUTOS ONLY							(Per accident)				
								\$			
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
DED RETENTION \$								\$	\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER				
	N/A						E.L. EACH ACCIDENT \$				
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE				
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
B Property C Crime/Fidelity D Directors & Officers	Y Y		12PRM139404-01 4125011583525Y SFD00002339		1/4/2025 1/4/2025 1/4/2025	1/4/2026 1/4/2026 1/4/2026	\$25,000 / \$50,000 Ded \$1,000 Deductible \$1,000 Deductible	\$21,7 \$650, \$1,00	91,734 000 0,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) HOA consists of 51 units. Located in Scottsdale, AZ. Management Company is Additionally Insured on the General Liability, D&O Liability, and Fidelity-Crime.											
See 2nd page of certificate of insurance fo	r furth	er coʻ	verage information.								
				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.							
Vision Community Management 16625 S Desert Foothills Pkwy Phoenix AZ 85048					AUTHORIZED REPRESENTATIVE						
					- Court						
					© 19	88-2015 AC	ORD CORPORATION.	All riał	ts reserved.		

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AGENCY CUSTOMER ID: THESHOR-02

LOC #:

ACORD	

ACORD <sup>®</sup> ADDITIONAL REMARKS SCHEDULE						_1_
AGENCY LaBarre/Oksnee Insurance	NAMED INSURED The Shores Condominium Association c/o Vision Community Managemen					
POLICY NUMBER	16625 S. Desert Foothills Pkwy Phoenix AZ 85048					
CARRIER	NAIC CODE					
		EFFECTIVE DATE:				
ADDITIONAL REMARKS						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC FORM NUMBER:FORM TITLE: CERTIFICATE OF		NSURANCE				
All In (Walls In, Including Improvements)						
Coverage Includes: Roof Exclusion \$50,000 Water Damage Deductible / \$25,000 All Other Peril Deduc Special Form with 100% Replacement Cost Wind/Hail included, Deductible 5% Equipment Breakdown Building Ordinance or Law A+B+C	ctible					

- Building Oralinance or Law A+B+C Inflation Guard and/or limits are reviewed yearly to ensure 100% Replacement Cost Severability of Interest / Separation of Insureds Waiver of Rights of Recovery 80% Co-Insurance D&O is a Claims-Made Policy





## The Shores Condominium Association Unit Owner Coverage Letter

The Association maintains a master insurance policy. This policy includes **General Liability** (protects the association from lawsuits arising out of the third party injuries), **Directors & Officers Liability** (protects the association from claims or lawsuits against the board), and **Fidelity/Crime coverage** (protects the money in the bank from fraudulent or dishonest acts). The Association also carries property coverage to insure the buildings and finished interiors (including fixtures, all built-in or set-in appliances, cabinets, countertops and initial basic floor coverings as initially installed per the original plans and specifications, including upgrades, betterments & Improvements) for property damage. Some examples of the perils you are insured for are wind, hail, lightening, fire, vandalism, malicious mischief, explosion, and sudden and accidental water damage. There are certain exclusions to the master policy such as your personal property, standard maintenance, items damaged by normal wear and tear or pest (vermin) damage and subsidence.

## The Association has a \$50,000 Water Damage Deductible and a \$25,000 All Other Peril Deductible, which depending on the circumstances of the loss, could be your responsibility as the homeowner.

While the Association's master insurance policy will cover many insurance needs for unit owners, we strongly encourage every owner to carry a personal condominium unit owners policy (HO-6) for items not covered by the Associations policy.

## What Insurance Coverage does a Unit Owner Need?

- **Personal Property** coverage WITH replacement cost covering your personal belongings as the master association policy does not cover for Unit Owner's personal property.
- Coverage is provided for the building and the condominium unit, <u>excluding the roofs</u>, for covered causes of loss, subject to the deductible. Coverage is provided back to original specifications and includes betterments and improvements.
- Please be sure to notify your personal insurance agent that this association carries a \$50,000 Water Damage Deductible and \$25,000 All Other Peril Deductible so that you are covered in the event you are responsible for that Deductible, or you have a loss sustained within your Unit that is less than the Deductible.
- Loss of Use will pay the unit owners living expense while the unit is not inhabitable due to an insured loss. If your condo is rented out, this coverage will be replaced with Loss of Rents coverage.
- Loss Assessment will pay the owners share of a special assessment levied due to an insured loss exceeding the associations master policy limits.
- **Personal Liability** pays for bodily injuries to other people or damage to their property if you are liable resulting from unintentional acts committed by qualified family members including sporting activities and acts of your pets.



