

SHAXTON



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/30/2025

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.

PROI		ertificate does							CONTA NAME:		•					
Socher Insurance Agency, Inc. 7901 Stoneridge Drive, Suite 403 Pleasanton, CA 94588															(877) 317-9305	
									E-MAIL and an							
									INSURER(S) AFFORDING COVERAGE INSURER A : (STANDARD) Accelerant National Insurance Company						NAIC#	
															10220	
INSU	INSURED The Greater Granville Homeowner's Association, Inc. RealManage Family Of Brands Vision Community Manageme 16625 S Desert Foothills Pkwy.								INSURE							
									INSURE							
									INSURE	RD:						
		Phoenix,				,			INSURE	RE:						
									INSURE	RF:						
CO	/ER	AGES			CER	TIFIC	CATE	NUMBER:				REVISION NU	MBER:			
IN CE	DICA RTII	ATED. NOTWIT FICATE MAY B	THST E IS	TANDI SSUEE	NG ANY R O OR MAY	EQUI PER	REME TAIN,	SURANCE LISTED BELOW I ENT, TERM OR CONDITION THE INSURANCE AFFORI	N OF A	NY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT W ED HEREIN IS S	ITH RESPE	CT TO	WHICH THIS	
INSR LTR	CLU	TYPE OF I					SUBR WVD		BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP (MM/DD/YYYY)							
A	Х	COMMERCIAL GE				INSD	WVD	FOLICT NOWIBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRE		\$	1,000,000	
		CLAIMS-MAE	_		CCUR			TBD PCKG		2/1/2025	2/1/2026	DAMAGE TO REN PREMISES (Ea oc		\$	100,000	
			_ L					I DD_I GIG		27172020	2/1/2020	MED EXP (Any on		\$	5,000	
												PERSONAL & AD	•	\$	1,000,000	
	GEN	I'L AGGREGATE LI	MIT A	PPI IF	S PER·							GENERAL AGGRE		\$	2,000,000	
	OLIV		0- CT		LOC							PRODUCTS - COM		\$	2,000,000	
		OTHER:	Ci	ш								TRODUCTO COL	m 701 7100	\$		
Α	AUT	OMOBILE LIABILIT	Υ									COMBINED SINGI (Ea accident)	E LIMIT	\$	1,000,000	
		ANY AUTO						TBD_PCKG		2/1/2025	2/1/2026	BODILY INJURY (Per person)	\$		
		OWNED AUTOS ONLY		SCHE	EDULED OS			_				BODILY INJURY (•	\$		
	Χ	HIRED AUTOS ONLY	Х		OWNED OS ONLY							PROPERTY DAMA (Per accident)	\GE	\$		
														\$		
В	X UMBRELLA LIAB X OCCUR									EACH OCCURRE	NCE	\$	3,000,000			
		EXCESS LIAB CLAIMS-MADE		TBD_UMB		TBD_UMB	2/1/2025		2/1/2026	AGGREGATE		\$	3,000,000			
		DED X RETE			0									\$		
	WOR AND	RKERS COMPENSA EMPLOYERS' LIAE	TION	1	V/N							PER STATUTE	OTH- ER			
	ANY	PROPRIETOR/PAR' CER/MEMBER EXC Idatory in NH)	TNER	/EXEC	UTIVE Y/N	N/A						E.L. EACH ACCID	ENT	\$		
	(Man	idatory in NH)	LODE									E.L. DISEASE - EA	EMPLOYEE	\$		
	DES	s, describe under CRIPTION OF OPE	RATIO	ONS be	low					0/4/000=	0/4/0000	E.L. DISEASE - PO		\$		
С	Dire	ectors & Office	rs					768593710		2/1/2025	2/1/2026	Deductible - \$	51,000		1,000,000	
DESC Pleas	RIPT Se Se	ION OF OPERATIO	ns/	LOCAT	IONS / VEHIC y, Acord 24	LES (A	ACORD build	0.101, Additional Remarks Schedu ing values.	le, may b	e attached if mor	e space is requii	red)				

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





CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 08/01/2025

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.

FAX (A/C, No): (877)	317-9305					
	317-9305					
et						
PRODUCER CUSTOMER ID: THEGREA-01						
INSURER(S) AFFORDING COVERAGE						
INSURER A: (STANDARD) Accelerant National Insurance Company 10220						
INSURER B : Continental Casualty Company						
	National Insurance Company					

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 IN	SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY LIMIT		LIMITS
Α	Х	PROPERTY					Х	BUILDING	\$	35,289,000
	CAUSES OF LOSS DEDUCTIBLES			N030PK3317-00	02/01/2025	02/01/2026	X	PERSONAL PROPERTY	\$	25,000
	BASIC BUILDING 25,000		BUILDING 25 000					BUSINESS INCOME	\$	
			CONTENTS					EXTRA EXPENSE	\$	
	X	SPECIAL	CONTENTS					RENTAL VALUE	\$	
		EARTHQUAKE						BLANKET BUILDING	\$	
		WIND						BLANKET PERS PROP	\$	
		FLOOD						BLANKET BLDG & PP	\$	
	X	Ded. per Unit					X	Ord Cov B/bldg	\$	300,000
	Х	Ord Cov A: Inc					X	Ord Cov C/bldg	\$	300,000
	INLAND MARINE			TYPE OF POLICY					\$	
	CAUSES OF LOSS								\$	
		NAMED PERILS		POLICY NUMBER					\$	
									\$	
В	X	CRIME					X	Deductible - \$1,000	\$	525,000
	TYPE OF POLICY								\$	
	Fidelity Bond			768593710	02/01/2025	02/01/2026			\$	
		BOILER & MACH							\$	
		EGOII MENT BRI	LANDOTTI						\$	
									\$	
									\$	

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. 284 Units. Policy is Barewalls. Severability of Interest included on Package Policy. Common elements included on policy.
Policy includes 5% Maximum Deductible Endorsement.

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.
	AUTHORIZED REPRESENTATIVE
	Paula L. Conrae

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY. MAXIMUM APPLICABLE DEDUCTIBLE

This endorsement modifies insurance provided under the following:

CONDOMINIUM ASSOCIATION COVERAGE FORM

Paragraph **D. Deductible** is amended to add the following:

In any one occurrence of loss or damage, the aggregate Per Unit Deductible shall not exceed 5% of the total Limit of Insurance for Building coverage as shown in the Policy Declarations. This only applies to Per Unit Deductibles included in this policy.

EXAMPLE

The coverage and amounts shown in the example may not be applicable to your policy. They are being used only to provide you with an example.

Per Unit Deductible: \$25,000

Building Limit of Insurance: \$10,000,000

Total Number of Units: 25

Maximum Applicable Deductible: $$10,000,000 \times 5\% = $500,000$

Assuming all 25 units were impacted in a loss, and the Per Unit Deductible applies once per occurrence, the resulting deductible would be \$625,000 (\$25,000 x 25 units). However, since this exceeds the Maximum Applicable Deductible of \$500,000 calculated above, the resulting applicable deductible would be \$500,000.

All other terms and conditions of the policy remain unchanged.

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