

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/6/2025

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							require an endorsement	. A st	atement on
-	DUCER	<i>-</i>	, ocil	mode noider in ned of St	CONTA		<i>,</i> .			
LaBarre/Oksnee Insurance						NAME: PHONE				
30 Enterprise, Suite 180						PHONE (A/C, No, Ext): 800-698-0711 FAX (A/C, No): 949-588-1275 E-MAIL ADDRESS: proof@hoa-insurance.com				
Aliso Viejo CA 92656					· =					
					INSURER(S) AFFORDING COVERAGE				NAIC #	
INSU	PED			WILL9CO-01	INSURER A: American Alternative Ins Co.				19720	
	letta 9 Condominiums HOA				INSURER B:					
c/o Vision Community Mgmt					INSURER C:					
16625 S. Desert Foothills Pkwy					INSURER D:					
Phoenix AZ 85048-9927					INSURER E :					
	VED A CEC CED	TIFI		NUMBER: 4000054054	INSURE	RF:		DEVICION NUMBER.		
_				E NUMBER: 1690854951	REVISION NUMBER: VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD					
	IDICATED. NOTWITHSTANDING ANY RE									
	ERTIFICATE MAY BE ISSUED OR MAY I							HEREIN IS SUBJECT TO	O ALL T	THE TERMS,
	XCLUSIONS AND CONDITIONS OF SUCH		SUBR		BEEN	POLICY EFF	POLICY EXP			
INSR LTR			WVD	POLICY NUMBER		(MM/DD/YYYY)		LIMIT		
Α	X COMMERCIAL GENERAL LIABILITY	Y		CAU502725-6		10/6/2025	10/6/2026	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000	·
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$ 1,000	
								MED EXP (Any one person)	\$ 5,000	
								PERSONAL & ADV INJURY	\$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	X POLICY PRO-						PRODUCTS - COMP/OP AGG	\$ 1,000 \$,000	
_	OTHER: AUTOMOBILE LIABILITY	OTHER:		CALIE02725 6	40/0/005	10/0/000	COMBINED SINGLE LIMIT	\$ 1,000,000		
A	ANY AUTO			CAU502725-6		10/6/2025	10/6/2026	(Ea accident)	\$ 1,000	,,000
	OWNED SCHEDULED							BODILY INJURY (Per person)	\$	
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB OCCUB								-	
	Exerce Liab							EACH OCCURRENCE	\$	
	CEATIVISTIVIADE							AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$	
	AND EMPLOYERS' LIABILITY Y / N								_	
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
_	DÉSCRIPTION OF OPERATIONS below Property			CAU502725-6		10/6/2025	10/6/2026	E.L. DISEASE - POLICY LIMIT \$5,000 Deductible	\$ \$2.33	4,500
A	Crime/Fidelity Directors & Officers	Y		CAU502725-6		10/6/2025	10/6/2026	\$0 Deductible \$0 Deductible	\$150,	000
^`	Billiotois & Cilibris			CAU502725-6		10/6/2025	10/6/2026	ψο Deductible	φ1,00	0,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	FS (ACORE	101 Additional Remarks Schedu	le may h	e attached if more	e snace is require	2d)		
	A consists of 9 units. Located in Phoeni				.o,a, 2	o amaoouo	opaco io roquii	,,		
l _{Ma}	nagement Company is Additionally Insur	ed o	n the	General Liability D&O Lia	bility a	nd Fidelity/Fid	lelitv			
				•	~y, c.	,,				
See 2nd page of certificate of insurance for further coverage information.										
See	e Attached									
CERTIFICATE HOLDER CANCELLATION										
		mer	nt.		SHC THE	OULD ANY OF T	DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL E Y PROVISIONS.		
Vision Community Management 16625 S Desert Foothills Pkwy Phoenix AZ 85048					AUTHODITED DEDDESCRITATIVE					
					AUTHORIZED REPRESENTATIVE					
						Saur (

AGENCY CUST	OMER ID:	WILL9CO-01
-------------	----------	------------

LOC #:

R
ACORD °

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY LaBarre/Oksnee Insurance	NAMED INSURED Willetta 9 Condominiums HOA c/o Vision Community Mgmt		
POLICY NUMBER		16625 S. Desert Foothills Pkwy Phoenix AZ 85048-9927	
CARRIER	NAIC CODE		
		EFFECTIVE DATE:	
ADDITIONAL REMARKS			

ADDITIONAL REMARKS				
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,				
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE				
TOKIN NOMBER TOKIN TITEE				
Single Entity Coverage (Walls In, excluding Improvements and Betterments)				
Coverage Includes:				
Special Form with 100% Guaranteed Replacement Cost				
Equipment Breakdown				
Coverage Includes: Special Form with 100% Guaranteed Replacement Cost Wind/Hail (Excludes direct loss to trees/shrubs) Equipment Breakdown Building Ordinance or Law A+B+C Limits are reviewed yearly to ensure 100% replacement Cost Severability of Interest / Separation of Insureds Waiver of Rights of Recovery No Co-Insurance D&O is a Claims-Made Policy				
Severability of Interest / Separation of Insureds				
No Co-Insurance				
D&O is a Claims-Made Policy				



LaBarre/Oksnee Insurance

Willetta 9 Condominiums HOA 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, EXCLUDING upgrades, betterments & Improvements). 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 Associations deductible is \$5,000, which depending on the circumstances of the loss, could be your responsibility as the homeowner.

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 Unit Owner's personal property.
- Please be sure to notify your personal insurance agent that this association carries a \$5,000 Deductible so that you are
 covered in the event you are responsible for that Deductible or for a loss sustained within your Unit that is less than the
 Deductible.
- Building upgrades, betterments and improvements can be covered on your personal insurance. Betterments,
 Improvements or Upgrades to your Unit need to be covered by you as an owner to cover any gaps in coverage in the event of loss. The association insurance coverage will be limited to "industry standard materials" of like, kind and quality for the replacement of finished flooring, wall coverings, fixtures and cabinets.
- 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 to all homeowners in the association 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.

Be sure to touch base with your personal insurance agent today to ensure you are properly insured, or if you would like a competitive quote, you can call our Personal Lines Expert, **Tina Terrell**, direct at (949) 215-9803. Thank you!







EOI Instructions for Homeowners: How to Obtain Proof of Renewal for Lender

Go to www.EOIDirect.com

- Under First-Time Users, select Homeowner/Home Buyer from the drop-down
 -Continue
- Enter your email and create a password
- Next to the "I am A", select Homeowner/ Home Buyer from the drop-down
 -Continue

<u>Homeowner/ Home Buyer Registration</u>:

Fill-out and complete homeowner's information

-Save and Continue

User Service Agreement:

Review terms (some will not apply to homeowners)

-Accept and Continue

Successfully Registered:

-Continue → You will be transferred to the <u>Log-In Screen</u>
Under 'Existing Users,' enter your newly created username and password

Control Center Screen:

Click on the words "Evidence of Insurance": Order a Certificate of Insurance Fill in Homeowners Association Name and Select State**

- **You will need to know the association's legal name
- -Continue

Next, select the association that best matches

-Continue

Homeowners/ Homebuyers Reason for Certificate:

Select I have received a letter from my lender requesting an annual update of my insurance policy. (Your lender may indicate they will be purchasing, or have purchased, insurance on your behalf).

-Continue

Next, you will be asked to input *Borrowers Last Name and Loan Number* to locate your account. If the system does not find your lender's information, then you will be given the opportunity to input that information.

-Fill in required fields and click Continue

Select Delivery Method:

Select preferred method of delivery.

Email or Fax options will both be free of charge.

-Continue

Lastly, write the order number at the top of the Lenders Request letter and fax to (208) 379- 4341.

A copy of the Certificate of Liability with the updated mortgagee clause will be sent to your lender, in addition to you as requested.