

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/16/2025

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).											
PRODUCE	ER STATES	cert	incate holder in fleu or st	CONTACT NAME:							
LaBarre/Oksnee Insurance 30 Enterprise, Suite 180						PHONE (A/C, No, Ext): 800-698-0711 FAX (A/C, No): 949-588-1275					
	/iejo CA 92656				E-MAIL ADDRESS: proof@hoa-insurance.com						
	•				INSURER(S) AFFORDING COVERAGE					NAIC#	
					INSURER A: American Alternative Ins Co.				19720		
INSURED	0 / 1104			VILLDEC-03	INSURER B:						
	e Cortez HOA				INSURER C:						
c/o Vision Community Mgmt 16625 S. Desert Foothills Pkwy						INSURER D:					
Phoenix AZ 85048-9927						INSURER E :					
					INSURER F:						
COVER	RAGES CER	TIFI	CATE	NUMBER: 1505613902			REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHI CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							WHICH THIS				
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)		LIMIT	<u>s</u>		
A X	CLAIMS-MADE X OCCUR	Y		CAU515305-4		10/22/2025	10/22/2026	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000 \$ 1,000		
	CLAIMS-MADE A OCCUR							PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 5,000	,	
								PERSONAL & ADV INJURY	\$ 1,000	,000	
GE	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
X	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 1,000	,000	
	OTHER:							COMPINED ONIOLE LIMIT	\$		
A AU	TOMOBILE LIABILITY			CAU515305-4		10/22/2025	10/22/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	0,000	
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$		
<u> X</u>	HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
l	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
l	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
140	DED RETENTION\$							PER OTH-	\$		
AND	RKERS COMPENSATION DEMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
ANY OFF	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	ndatory in NH) s, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
DÉS	CRIPTION OF OPERATIONS below			0.115.15005.4		10/00/005	10/00/0000	E.L. DISEASE - POLICY LIMIT	\$	14 250	
A Crir	perty nee/Fidelity cotors & Officers	Y		CAU515305-4 CAU515305-4 CAU515305-4		10/22/2025 10/22/2025 10/22/2025	10/22/2026 10/22/2026 10/22/2026	\$5,000 Deductible \$0 Deductible \$0 Deductible	\$150,	11,250 ,000 10,000	
	TION OF OPERATIONS / LOCATIONS / VEHICI			101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)			
HOA co	onsists of 16 units. Located in Phoe	nıx, <i>F</i>	\ Z.								
Management Company is Additionally Insured on the General Liability, D&O Liability, and Fidelity/Crime.											
See 2nd page of certificate of insurance for further coverage information.											
See Att	ached										
CERTII	FICATE HOLDER				CANO	CANCELLATION					
Vision Community Management 16625 S. Desert Foothills Pkwy					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Phoenix AZ 85048						AUTHORIZED REPRESENTATIVE					
	USA										

AGENCY CUSTOMER ID	: VILLDEC-03
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LOC #:

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ACORD	

ADDITIONAL REMARKS SCHEDULE

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		11110 0011EB0EE						
AGENCY LaBarre/Oksnee Insurance		NAMED INSURED Villa De Cortez HOA						
POLICY NUMBER		c/o Vision Community Mgmt 16625 S. Desert Foothills Pkwy Phoenix AZ 85048-9927						
CARRIER	NAIC CODE							
		EFFECTIVE DATE:						
ADDITIONAL REMARKS								
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO AC								
FORM NUMBER: 25 FORM TITLE: CERTIFICATE C	OF LIABILITY I	NSURANCE						
Single Entity Coverage (Walls In, excluding Improvements and Betterments)								
Coverage Includes:								
ISpecial Form with 100% Guaranteed Replacement Cost including common elements								
Equipment Breakdown								
Wind/Hail (excludes direct loss to tree/shrubs) Equipment Breakdown Building Ordinance 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 No Co-Insurance								
Waiver of Rights of Recovery No Co-Insurance								
D&O is a Claims-Made Policy								



LaBarre/Oksnee Insurance

Villa De Cortez 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.