VILLSAN-05

AFRYE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/24/2025

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):(8	377) 317-9305					
		E-MAIL ADDRESS: info@hoainsurance.net						
		INSURER(S) AFFORDING COVERAGE	NAIC #					
		INSURER A : (STANDARD) Accelerant National Insurance Company 1						
INSURED	Villa Santa Fe Homeowners Association RealManage Family of Brands Vision Community Management 16625 S Desert Foothills Pkwy Phoenix, AZ 85048	INSURER B: Greenwich Insurance Company						
		INSURER C: PMA Insurance Group						
		INSURER D : Continental Casualty Company						
		INSURER E :						
	r 1106111A, A2 00040	INSURER F:						
COVEDA	CEDTIFICATE NUMBER	DEVISION NUMBED:						

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			POLICY EFF	POLICY EXP	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	IIIOD	****		(111117)	(MINI/OB/11111)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X		N030PK0956-01	11/1/2025	11/1/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO	X		N030PK0956-01	11/1/2025	11/1/2026	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
В	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE	X		PPP7500564L25A-02	11/1/2025	11/1/2026	AGGREGATE	\$	5,000,000
	DED RETENTION \$								\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A	202501-13-58-62-1Y	11/1/2025	11/1/2026	E.L. EACH ACCIDENT	\$	1,000,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		III.					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	D Directors & Officers				618982309	11/1/2025	11/1/2026	Deductible: \$1,000		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.

CERTIFICATE HOLDER	CANCELLATION

Certificate holder is listed as an additional insured RealManage Family of Brands Vision Community Management 16625 S Desert Foothills Pkwy 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

Amber Frye



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 10/24/2025

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· · · · · · · · · · · · · · · · · · ·							
PRODUCER	CONTACT NAME:						
Socher Insurance Agency, Inc.	PHONE (A/C, No, Ext): (877) 317-9300 FAX (A/C, No): (877) 317-9305						
Socher Insurance Agency, Inc. 7901 Stoneridge Drive, Suite 403 Pleasanton, CA 94588	E-MAIL ADDRESS: info@hoainsurance.net						
	PRODUCER CUSTOMER ID: VILLSAN-05						
	INSURER(S) AFFORDING COVERAGE NAIC #						
INSURED	INSURER A: (STANDARD) Accelerant National Insurance Company 10220						
Villa Santa Fe Homeowners Association	INSURER B: Continental Casualty Company						
RealManage Family of Brands Vision Community Management	INSURER C:						
16625 S Desert Foothills Pkwy	INSURER D:						
Phoenix, AZ 85048	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.

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INSR LTR	ISR TYPE OF INSURANCE		SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY		LIMITS	
Α	Х	PROPERTY						BUILDING	\$	
	CAI	JSES OF LOSS	DEDUCTIBLES	N030PK0956-01	11/01/2025	11/01/2026		PERSONAL PROPERTY	\$	
		BASIC	BUILDING 10,000					BUSINESS INCOME	\$	
		BROAD	CONTENTS					EXTRA EXPENSE	\$	
	X	SPECIAL						RENTAL VALUE	\$	
		EARTHQUAKE					X	BLANKET BUILDING	\$ 19,415,500	
		WIND					X	BLANKET PERS PROP	\$ 25,000	
		FLOOD						BLANKET BLDG & PP	\$	
	Х	ORD COV A- IN					X	ORD COV B	\$ 500,000	
							X	ORD COV C	\$ 500,000	
		INLAND MARINE		TYPE OF POLICY					\$	
	CAI	JSES OF LOSS							\$	
	NAMED PERILS			POLICY NUMBER					\$	
		-							\$	
В	Х	CRIME					Х	DEDUCTIBLE: \$2,500	\$ 127,000	
	TYPE OF POLICY								\$	
	Fidelity Bond			618982309	11/01/2025	11/01/2026			\$	
	BOILER & MACHINERY /								\$	
	EQUIPMENT BREAKDOWN							1	\$	
									\$	
									\$	

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. 70 Units. Policy is Walls in excluding Betterments & Improvements. Severability of Interest included on Package Policy. Common elements included on policy.

CERTIFICATE HOLDER

CANCELLATION

Certificate holder is listed as an additional insured RealManage Family of Brands **Vision Community Management** 16625 S Desert Foothills Pkwy 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 Insurance Agency, a HUB International company

877.317.9300 888.577.1587 Fax CA Broker License: #0C97535 NV Broker License: #498347 AZ Broker License: #1800015845

hoainsurance.net hubinternational.com

10/24/2025

Villa Santa Fe Homeowners Association

Civil Code 5300(b)(9) Disclosure Summary Form

<u>Property:</u> Accelerant National Insurance Company: 11/1/2025 - 11/1/2026 \$19,415,500 Special Form (wind included), **Guaranteed Replacement Cost** with **No Coinsurance** and a \$10,000 Deductible per Occurrence. Equipment Breakdown Coverage included in package policy.

<u>General Liability:</u> Accelerant National Insurance Company: 11/1/2025 - 11/1/2026 \$1,000,000/\$2,000,000 per Occurrence/General Aggregate with a \$0 Deductible. \$1,000,000 Non-Owned and Hired Automobile Liability is included in this policy.

<u>Umbrella Liability:</u> Greenwich Insurance Company: 11/1/2025 - 11/1/2026 \$5,000,000 Each Occurrence/General Aggregate with a \$0 self insured retention each occurrence.

<u>Directors' and Officers' Liability:</u> Continental Casualty Company: 11/1/2025 - 11/1/2026 \$1,000,000 per Occurrence/General Aggregate with a \$1,000 Retention per Occurrence.

Employee Dishonesty: Continental Casualty Company: 11/1/2025 - 11/1/2026 \$127,000 per Occurrence with a \$2,500 Deductible.

Workers' Compensation: PMA Insurance Group: 11/1/2025 - 11/1/2026 \$1,000,000 Coverage statutory limits as required by California law.

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, as required by subdivision (b) of Section 5300 of the Civil Code, 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**