



DELAPLA-01

CKOK

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/18/2025

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).

<b>PRODUCER</b> Socher Insurance Agency, Inc. 7901 Stoneridge Drive, Suite 403 Pleasanton, CA 94588	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (877) 317-9300 <b>FAX (A/C, No):</b> (877) 317-9305 <b>E-MAIL ADDRESS:</b> info@hoainsurance.net
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Specialty Builders Insurance Company <b>INSURER B:</b> Hanover Insurance Group <b>INSURER C:</b> PMA Insurance Group <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> Delano Place Condo Owners Association Real Manage Family Of Brands Vision Community Management 16625 South Desert Foothills Pkwy Phoenix, AZ 85048	<b>NAIC #</b>

## 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		CPX-0683250-00	11/22/2025	11/22/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X		CPX-0683250-00	11/22/2025	11/22/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		TBD_WC	11/22/2025	11/22/2026	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Directors & Officers	X		ADOAZF187666202	11/22/2025	11/22/2026	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

<b>Certificate Holder is listed as additional insured</b> Vision Community Management 16625 South Desert Foothills Pkwy Phoenix, AZ 85048	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
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## CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
11/18/2025

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PRODUCER <b>Socher Insurance Agency, Inc.</b> 7901 Stoneridge Drive, Suite 403 Pleasanton, CA 94588	CONTACT NAME: PHONE (A/C, No, Ext): <b>(877) 317-9300</b> FAX (A/C, No): <b>(877) 317-9305</b> E-MAIL ADDRESS: <b>info@hoainsurance.net</b> PRODUCER CUSTOMER ID: <b>DELAPLA-01</b>
INSURED <b>Delano Place Condo Owners Association</b> <b>Real Manage Family Of Brands</b> <b>Vision Community Management</b> <b>16625 South Desert Foothills Pkwy</b> <b>Phoenix, AZ 85048</b>	INSURER(S) AFFORDING COVERAGE INSURER A : <b>Specialty Builders Insurance Company</b> INSURER B : <b>PMA Insurance Group</b> INSURER C : INSURER D : 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.

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		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	X	PROPERTY	CPX-0683250-00	11/22/2025	11/22/2026	X BUILDING	\$ 5,065,271
		CAUSES OF LOSS					
		DEDUCTIBLES					
		BASIC					
		BROAD					
	X	SPECIAL					
		EARTHQUAKE					
	X	WIND					
		FLOOD					
	X	Ord cov A: inc					
		INLAND MARINE	TYPE OF POLICY				
		CAUSES OF LOSS					
		NAMED PERILS	POLICY NUMBER				
B	X	CRIME				X Deductible: \$1,000	\$ 100,000
		TYPE OF POLICY					
		Fidelity Bond	4125011658723Y	11/22/2025	11/22/2026		
		BOILER & MACHINERY / EQUIPMENT BREAKDOWN					

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

A - Special form (wind included), 100% replacement cost basis with no co-insurance and a 2% inflation guard is included. 32 Units. Policy is walls in if your condominium association agreement requires it. Severability of interest included on package policy. Common elements included on policy.

## CERTIFICATE HOLDER

## CANCELLATION

Certificate Holder is listed as additional insured  
Vision Community Management  
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



November 10, 2025

Delano Place Condo Owners Association

Dear Community Members,

Socher Insurance Agency has placed coverage for the Association's Property and General Liability effective Nov. 22, 2025 to Nov. 22, 2026. This letter is to advise you of the building coverage provided for the Association and what type of personal insurance coverage you should purchase as a Unit Owner.

**FACTS YOU SHOULD KNOW ABOUT THE ASSOCIATION'S BLANKETED PROPERTY COVERAGE:**

1. The Association currently has blanket property coverage for the common area and buildings provided by Specialty Builders Insurance Company.
2. The Association has a property deductible of **\$10,000 and 1% wind/hail**.
3. The Specialty Builders has a "Following" policy form regarding coverage for the interior of the unit. This means the insurance carrier will review the CC&Rs to determine coverage for the interior of the unit. The initial review is that the master policy will provide coverage to restore the interior of the unit back to the original condition up to original construction specifications, not including Betterments and Improvements, however, final decision rests with the carrier.
4. **You as the individual Unit Owner need to provide coverage for any upgrades beyond original construction specifications, and for your personal property residing within the unit.**

Below are some coverage options that we recommend you as the unit owner have on your personal insurance policy, if these coverage options are not included on your current policy, we suggest adding them. Please contact your individual personal lines brokers for details about how to include these options.

***Unit Owners Insurance Policy:***

An insurance policy may be purchased through your personal Insurance Agent/ Broker. We suggest you include the following options:

- **Building/Property Coverage:** Building/structural coverage that the Association will not provide, I.E., interior upgrades beyond original construction specifications.
- **Personal Content Coverage:** Coverage for any personal items that are yours and not the Association's, as the Association will not cover these items at the time of loss. For example: furniture, jewelry, clothing, laptop computers, televisions, etc.
- **Deductible reimbursement:** If the loss comes from the interior of the unit and the Association charges you the deductible for the claim, this coverage should "reimburse" you for the Association's deductible once you pay your personal insurance policy deductible.
- **Personal Liability.** Protects yourself from liability losses that occur from within your unit (like a slip and fall).
- **Loss of Use** If there is a loss at your unit and you have to stay off premises during the rebuilding process, this coverage would take care of this extra expense.
- **Loss Assessment for Property/Liability and/or Earthquake** If a covered loss exceeds the limits of Insurance coverage provided by the Association, the Association would have a special assessment. This option would cover your portion of the special assessment, less your personal policy deductible.

To request a Certificate or Evidence of Insurance, please go to [www.hoainsurance.net](http://www.hoainsurance.net) and select the green Services box, then Request a Certificate and follow the instructions.

If you need to make a claim, please call your community management company; **Vision Community Management, a Real Manage Company, 480-759-4945.**

Socher Insurance Agency specializes in coverage for associations, not individual property owners. You should discuss these coverage options with your personal lines agent.