



VILLNOR-06

CREA

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/18/2025

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).

|  |  |  |                |
|--|--|--|----------------|
| PRODUCER   |  | CONTACT NAME:  |                |
| Pleasanton, CA-HUB International Insurance Services Inc.<br>7901 Stoneridge Dr<br>Ste 403<br>Pleasanton, CA 94588-4530   |  | PHONE (A/C, No, Ext): (877) 317-9300                     | FAX (A/C, No): |
|  |  | E-MAIL ADDRESS:  |                |
|  |  | INSURER(S) AFFORDING COVERAGE                            | NAIC #         |
|  |  | INSURER A : Accredited Surety and Casualty Company, Inc. | 26379          |
| INSURED  |  | INSURER B : Continental Casualty Company                 | 20443          |
| Villa Norte Homeowners' Association, Inc.<br>Real Manage Family Of Brands<br>Vision Community Management<br>16625 South Desert Foothills Pkwy<br>Phoenix, AZ 85048 |  | INSURER C :  |                |
|  |  | INSURER D :  |                |
|  |  | INSURER E :  |                |
|  |  | INSURER F :  |                |

**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        | COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR   |           |          | 1-HNY-AZ-01-01529953-01 | 12/19/2025              | 12/19/2026              | EACH OCCURRENCE                           | \$ 1,000,000 |
|          |   |           |          |                         |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
|          |   |           |          |                         |                         |                         | MED EXP (Any one person)                  | \$ 100,000   |
|          |   |           |          |                         |                         |                         | PERSONAL & ADV INJURY                     | \$ 5,000     |
|          |   |           |          |                         |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |
|          |   |           |          |                         |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 2,000,000 |
|          |   |           |          |                         |                         |                         |   | \$           |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:<br>POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC  |           |          |                         |                         |                         | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |
|          | OTHER:  |           |          |                         |                         |                         | BODILY INJURY (Per person)                | \$           |
| A        | AUTOMOBILE LIABILITY<br>ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br>HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                             |           |          | 1-HNY-AZ-01-01529953-01 | 12/19/2025              | 12/19/2026              | BODILY INJURY (Per accident)              | \$           |
|          |   |           |          |                         |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|          |   |           |          |                         |                         |                         |   | \$           |
|          | UMBRELLA LIAB <input type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  |           |          |                         |                         |                         | EACH OCCURRENCE                           | \$           |
|          | DED <input type="checkbox"/> RETENTION \$   |           |          |                         |                         |                         | AGGREGATE                                 | \$           |
|          |   |           |          |                         |                         |                         |   | \$           |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N<br>If yes, describe under DESCRIPTION OF OPERATIONS below |           | N / A    |                         |                         |                         | PER STATUTE                               | OTH-ER       |
|          |   |           |          |                         |                         |                         | E.L. EACH ACCIDENT                        | \$           |
|          |   |           |          |                         |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |
|          |   |           |          |                         |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |
| B        | Directors & Officers  |           |          | 768635356               | 12/19/2025              | 12/19/2026              | 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 additional insured<br>Real Manage Family Of Brands<br>Vision Community Management<br>16625 South Desert Foothills Pkwy<br>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<br>  |  |



CREA

## CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
12/18/2025

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|   |                                      |                |
|---|--------------------------------------|----------------|
| PRODUCER  | CONTACT NAME:                        |                |
|   | PHONE (A/C, No, Ext): (877) 317-9300 | FAX (A/C, No): |
| INSURED   | E-MAIL ADDRESS:                      |                |
|   | PRODUCER CUSTOMER ID: VILLNOR-06     |                |
| INSURER(S) AFFORDING COVERAGE                           |                                      | NAIC #         |
| INSURER A: Accredited Surety and Casualty Company, Inc. |                                      | 26379          |
| INSURER B: Continental Casualty Company                 |                                      | 20443          |
| 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        | <input checked="" type="checkbox"/> PROPERTY                      | 1-HNY-AZ-01-01529953-01 | 12/19/2025                         | 12/19/2026                          | BUILDING  | \$           |
|          | CAUSES OF LOSS  | DEDUCTIBLES             |                                    |                                     | PERSONAL PROPERTY                                       | \$           |
|          | <input type="checkbox"/> BASIC                                    | BUILDING 5,000          |                                    |                                     | BUSINESS INCOME   | \$           |
|          | <input type="checkbox"/> BROAD                                    | CONTENTS                |                                    |                                     | EXTRA EXPENSE   | \$           |
|          | <input checked="" type="checkbox"/> SPECIAL                       |                         |                                    |                                     | RENTAL VALUE  | \$           |
|          | EARTHQUAKE  |                         |                                    |                                     | BLANKET BUILDING  | \$ 7,913,007 |
|          | <input checked="" type="checkbox"/> WIND                          | 1.0000                  |                                    |                                     | BLANKET PERS PROP                                       | \$ 25,000    |
|          | FLOOD   |                         |                                    |                                     | BLANKET BLDG & PP                                       | \$           |
|          | <input checked="" type="checkbox"/> COV A: include                |                         |                                    |                                     | COV B:  | \$ 791,300   |
|          |   |                         |                                    |                                     | COV C:  | \$ 791,300   |
|          | <input type="checkbox"/> INLAND MARINE                            | TYPE OF POLICY          |                                    |                                     |   | \$           |
|          |   | CAUSES OF LOSS          |                                    |                                     |   | \$           |
|          |   | NAMED PERILS            |                                    |                                     |   | \$           |
|          |   | POLICY NUMBER           |                                    |                                     |   | \$           |
| B        | <input checked="" type="checkbox"/> CRIME                         | 768635356               | 12/19/2025                         | 12/19/2026                          | <input checked="" type="checkbox"/> deductible: \$1,000 | \$ 53,200    |
|          | TYPE OF POLICY  |                         |                                    |                                     |   | \$           |
|          | <input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN |                         |                                    |                                     |   | \$           |
|          |   |                         |                                    |                                     |   | \$           |

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

Special form (wind included), 100% replacement cost basis with no co-insurance no inflation guard included. 20 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<br>Real Manage Family Of Brands<br>Vision Community Management<br>16625 South Desert Foothills Pkwy<br>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<br>  |



# SOCHER

A HUB International Company

## CALIFORNIA

NEVADA

## ARIZONA

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: #180001584

12/18/2024

# Villa Norte Homeowners' Association, Inc.

## Disclosure Summary Form

Property: Accredited Surety: 12/19/2025 - 12/19/2026

**\$7,913,007 Special Form, 100% Replacement Cost with No Coinsurance and a \$5,000 Deductible per Occurrence, and a 1% of building value for Wind/Hail Deductible.**  
**Equipment Breakdown is included in this policy.**

General Liability: Accredited Surety: 12/19/2025 - 12/19/2026

**\$1,000,000 per Occurrence/\$2,000,000 General Aggregate with a \$0 Deductible.  
\$1,000,000 Non-Owned and Hired Automobile Liability is included in this policy.**

#### Umbrella Liability: No Coverage through our Agency.

Directors' and Officers' Liability: Continental Casualty Company; 12/19/2025 - 12/19/2026

**\$1,000,000 per Occurrence/General Aggregate with a \$1,000 Retention per Occurrence.**

Employee Dishonesty: Continental Casualty Company; 12/19/2025 - 12/19/2026

\$53,200 per Occurrence with a \$1,000 Deductible.

## Workers' Compensation: No Coverage through our Agency.

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 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\*\***