



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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 LaBarre/Oksnee Insurance 30 Enterprise, Suite 180 Aliso Viejo CA 92656	CONTACT NAME: PHONE (A/C, No. Ext): 800-698-0711	FAX (A/C, No): 949-588-1275
	E-MAIL ADDRESS: proof@hoa-insurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Keystone Owners Association c/o Vision Community Mgmt 16625 S. Desert Foothills Pkwy Phoenix AZ 85048	INSURER A : Philadelphia Indemnity Ins. Co	18058
	INSURER B : The Hanover Insurance Co.	22292
	INSURER C : Ascot Insurance Company	23752
	INSURER D : PMA Insurance Group	12262
	INSURER E :	
	INSURER F :	
KEYSOWN-01		

COVERAGES

CERTIFICATE NUMBER: 460598553

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.

EXCLUSIONS AND CONDITIONS OF COVERAGE. LIMITS OWNED MAY HAVE BEEN REDUCED BY THIRD PARTIES.												
INSR LTR	TYPE OF INSURANCE		ADDL/SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
A	COMMERCIAL GENERAL LIABILITY			PHPK2703223-000	12/31/2025	12/31/2026	EACH OCCURRENCE		\$ 1,000,000			
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)		\$ 100,000			
							MED EXP (Any one person)		\$ 5,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY		\$ 1,000,000			
	POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE		\$ 2,000,000			
	OTHER:						PRODUCTS - COMP/OP AGG		\$ 2,000,000			
									\$			
A	AUTOMOBILE LIABILITY			PHPK2703223-000	12/31/2025	12/31/2026	COMBINED SINGLE LIMIT (Ea accident)		\$ 1,000,000			
	ANY AUTO						BODILY INJURY (Per person)		\$			
	OWNED AUTOS ONLY						BODILY INJURY (Per accident)		\$			
	HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)		\$			
	<input checked="" type="checkbox"/> SCHEDULED AUTOS								\$			
	UMBRELLA LIAB		OCCUR				EACH OCCURRENCE		\$			
	EXCESS LIAB		CLAIMS-MADE				AGGREGATE		\$			
									\$			
	DED <input type="checkbox"/> RETENTION \$											
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			W2Y-J928949-01	12/23/2025	12/23/2026	<input checked="" type="checkbox"/> PER STATUTE	OTH-ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT		\$ 1,000,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000			
							E.L. DISEASE - POLICY LIMIT		\$ 1,000,000			
A D C	Property Crime/Fidelity Directors & Officers			PHPK2703223-000 4125010901322Y SFD00002304 01	12/31/2025 12/31/2025 12/31/2026 12/31/2025	12/31/2026 12/31/2026 12/31/2026 12/31/2026	\$1,000 Deductible \$1,000 Deductible \$1,000 Deductible		\$545,668 \$500,000 \$1,000,000			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
HOA consists of 163 units. Located in Phoenix, AZ

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 Attached...

CERTIFICATE HOLDER

CANCELLATION

Vision Community Management
16625 S. Desert Foothills Pkwy
Phoenix AZ 85048
USA

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



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ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY LaBarre/Oksnee Insurance		NAMED INSURED Keystone Owners Association c/o Vision Community Mgmt 16625 S. Desert Foothills Pkwy Phoenix AZ 85048	
POLICY NUMBER			
CARRIER	NAIC CODE		EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Coverage is for COMMON AREAS ONLY

Coverage Includes:

Special Form with 100% Replacement Cost including common area elements

Additional Property Limit of \$25,000 for Trees/Shrubs

Wind/Hail (includes direct loss to Trees/Shrubs)

Equipment Breakdown

Building Ordinance or Law

Severability of Interest / Separation of Insureds

Computer Fraud & Transfer Fraud

No Co-Insurance

D&O is a claims-made policy