



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:	FAX (A/C, No): 949-588-1275
	PHONE (A/C, No, Ext): 800-698-0711	
INSURED Paradise View Villas Condo HOA c/o Vision Community Mgmt 16625 S. Desert Foothills Pkwy. Phoenix AZ 85048	E-MAIL ADDRESS: proof@hoa-insurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Accelerant National Insurance	10220
	INSURER B : Federal Insurance	20281
	INSURER C : PMA Insurance Group	12262
	INSURER D : Starnet Insurance Company	40045
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 1062915097

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 SHOWN MAY HAVE BEEN REDUCED BY EXCLUDED CLAIMS.															
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			Y		N030PK1116-03		1/1/2026	1/1/2027	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				
										PERSONAL & ADV INJURY	\$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE	\$ 2,000,000				
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC									PRODUCTS - COMP/OP AGG	\$ 2,000,000				
	OTHER:									\$					
A	AUTOMOBILE LIABILITY					N030PK1116-03		1/1/2026	1/1/2027	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000				
	ANY AUTO									BODILY INJURY (Per person)	\$				
	OWNED AUTOS ONLY					SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$				
	HIRED AUTOS ONLY					<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$				
										\$					
B	<input checked="" type="checkbox"/> UMBRELLA LIAB		<input checked="" type="checkbox"/> OCCUR			G74853183		1/1/2026	1/1/2027	EACH OCCURRENCE	\$ 10,000,000				
	<input checked="" type="checkbox"/> EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE							AGGREGATE	\$ 10,000,000				
										\$					
	DED <input type="checkbox"/> RETENTION \$														
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Y / N	N / A	TBD		1/1/2026	1/1/2027	X 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 C D	Property Crime/Fidelity Directors & Officers			Y Y		N030PK1116-03 4126011134709Y QDO0000224-01		1/1/2026 1/1/2026 1/1/2026	1/1/2027 1/1/2027 1/1/2027	\$10,000 / \$25,000 Ded \$2,500 Deductible \$2,500 Deductible		\$14,677,500 \$700,000 \$1,000,000			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
HOA consists of 64 units. Located in Scottsdale, 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 Parkway
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



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ADDITIONAL REMARKS SCHEDULE

AGENCY LaBarre/Oksnee Insurance		NAMED INSURED Paradise View Villas Condo HOA 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 provided with the following insuring agreement:
 Bare Walls (Interior Coverage Excluded)

Property Deductible is \$25,000 Water/Sewer Damage and \$10,000 All Other Peril

Coverage Includes:

Special Form with 100% Replacement Cost for the entire project, including common elements
 Wind/Hail (excludes direct loss to Trees/Shrubs)

Equipment Breakdown

Building Ordinance or Law A+B+C

Inflation Guard NOT available (limits reviewed annually to ensure 100% Replacement Cost)

Severability of Interest / Separation of Insureds

Waiver of Rights of Recovery

Computer Fraud & Transfer Fraud

No Co-Insurance

D&O is a claims-made policy



LABARRE OKSNEE

LaBarre/Oksnee Insurance

Paradise View Villas Condominium Association Unit Owner Coverage Letter

The Association maintains a master insurance policy to insure the exterior of the buildings. An example of the Perils covered on the master insurance policy include wind, hail, lightening, fire, vandalism, malicious mischief, explosion, and sudden and accidental water damage. There are certain **exclusions**, such as standard maintenance losses, normal wear and tear, pest (vermin) damage, repeated leakage and seepage of water and subsidence to name a few.

The homeowner is responsible for insuring the entire inside of the unit, including but not limited to flooring, drywall, fixtures, ceilings, countertops and cabinets, betterments & improvements, upgrades, and your personal property.
Please contact your personal insurance agent to make sure you are properly insured.

The Associations Deductible is \$25,000 for water damage and \$10,000 for all other perils, which depending on the circumstances of the loss, could be your responsibility as the homeowner.

What Insurance Coverage does a Homeowner Need?

- **Personal Property** coverage WITH replacement cost covering your personal belongings as the master association policy does not cover for Unit Owner's personal property.
- **Unit Interior, Additions and Alterations** should be covered on your personal policy as the association's policy does not pick up coverage from this Bare Wall policy. The interior, including flooring, drywall, fixtures, ceilings, countertops, cabinets, betterments and improvements or upgrades to your Unit should be covered by you as an owner to cover any gaps in coverage in the event of loss.
- **Please be sure to inform your personal insurance agent that the HOA policy excludes coverage for the interior of the unit.** Also, please be sure to notify your personal insurance agent that this association carries a **\$25,000 deductible for water damage and \$10,000 for all other perils deductible** so that you are covered in the event you are responsible for that Deductible or loss sustained within your Unit that is less than the Deductible.
- **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 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 review this with your personal insurance agent today, or if you would like a competitive quote, call a Personal Lines Expert, **Tina Terrell**, direct at **949-215-9803**. Thank you!



30 Enterprise, Ste. 180, Aliso Viejo, CA 92656
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www.hoains.com
License#OC84283





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

Homeowner/ Home Buyer Registration:

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 [Log-In Screen](#)

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.