



T-1MANA-02

AFRYE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/6/2026

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 Pleasanton, CA-HUB International Insurance Services Inc. 7901 Stoneridge Dr Ste 403 Pleasanton, CA 94588-4530	CONTACT NAME: PHONE (A/C, No, Ext): (877) 317-9300 FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE INSURER A: Accelerant National Insurance Company INSURER B: Federal Insurance Company INSURER C: Continental Casualty Company INSURER D: INSURER E: INSURER F:
INSURED T-1 Management Council RealManage Family of Brands Vision Community Management 16625 S Desert Foothills Pkwy Phoenix, AZ 85048	NAIC # 10220 20281 20443

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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		N030PK2399-02	1/3/2026	1/3/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Deductible \$ 10,000
A	<input 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		N030PK2399-02	1/3/2026	1/3/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$	X		G75270276	1/3/2026	1/3/2027	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Directors & Officers	X		768589785	1/3/2026	1/3/2027	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 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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CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
01/05/2026

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.

PRODUCER Pleasanton, CA-HUB International Insurance Services Inc. 7901 Stoneridge Dr Ste 403 Pleasanton, CA 94588-4530	CONTACT NAME: PHONE (A/C, No, Ext): (877) 317-9300 FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID: T-1MANA-02
INSURED T-1 Management Council RealManage Family of Brands Vision Community Management 16625 S Desert Foothills Pkwy Phoenix, AZ 85048	INSURER(S) AFFORDING COVERAGE INSURER A : Accelerant National Insurance Company INSURER B : Continental Casualty Company INSURER C : INSURER D : INSURER E : INSURER F : NAIC # 10220 20443

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		TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	X	PROPERTY		N030PK2399-02	01/03/2026	01/03/2027		BUILDING	\$
	CAUSES OF LOSS		DEDUCTIBLES					PERSONAL PROPERTY	\$
		BASIC	BUILDING 25,000					BUSINESS INCOME	\$
		BROAD						EXTRA EXPENSE	\$
	X	SPECIAL	CONTENTS					RENTAL VALUE	\$
	EARTHQUAKE							BLANKET BUILDING	\$
	WIND						X	BLANKET PERS PROP	\$ 55,000,000
	FLOOD						X	BLANKET BLDG & PP	\$ 15,000
	X	ORD COV A- IN					X	ORD COV B	\$ 300,000
							X	ORD COV C	\$ 300,000
		INLAND MARINE	TYPE OF POLICY					\$	
	CAUSES OF LOSS							\$	
		NAMED PERILS	POLICY NUMBER					\$	
								\$	
B	X	CRIME		768589785	01/03/2026	01/03/2027	X	Deductible: \$1,000	\$ 325,000
	TYPE OF POLICY							\$	
	Crime							\$	
		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), guaranteed replacement cost basis with no co-insurance. No inflation guard needed because there is guaranteed replacement cost. 188 Units. Policy is walls in excluding betterments & improvements. Severability of interest included on package policy. Common elements included on policy.

CERTIFICATE HOLDER

CANCELLATION

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A **HUB International** Company

1/5/2026

T-1 Management Council **Disclosure Summary Form**

Property: Accelerant National Insurance Company: 1/3/2026 - 1/3/2027

\$55,000,000 Special Form, Guaranteed Replacement Cost with No Coinsurance and a \$25,000 Deductible per Occurrence. Equipment Breakdown Coverage Included.

General Liability: Accelerant National Insurance Company: 1/3/2026 - 1/3/2027

\$1,000,000/\$2,000,000 per Occurrence/General Aggregate with a \$10,000 Deductible. \$1,000,000 Non-Owned and Hired Automobile Liability is included in this policy.

Umbrella Liability: Federal Insurance Company: 1/3/2026 - 1/3/2027

\$1,000,000 Each Occurrence/General Aggregate with a \$0 self-insured retention each occurrence.

Directors' and Officers' Liability: Continental Casualty Company: 1/3/2026 - 1/3/2027

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

Employee Dishonesty: Continental Casualty Company: 1/3/2026 - 1/3/2027

\$325,000 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*****

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