



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/20/2026

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).

<b>PRODUCER</b> LaBarre/Oksnee Insurance 30 Enterprise, Suite 180 Aliso Viejo CA 92656	<b>CONTACT NAME:</b> <b>PHONE (A/C. No. Ext):</b> 800-698-0711		<b>FAX (A/C. No):</b> 949-588-1275
	<b>E-MAIL ADDRESS:</b> info@hoa-insurance.com		
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURED</b> Owners Association of Monaco Condominiums c/o RealManage DBA Vision Community Management 16625 S Desert Foothills Parkway Phoenix AZ 85048	<b>INSURER A :</b> Accelerant National Insurance		10220
	<b>INSURER B :</b> Homesite Insurance Company		13927
	<b>INSURER C :</b> PMA Insurance Group		12262
	<b>INSURER D :</b> Accredited Surety And Casualty		26379
	<b>INSURER E :</b>		
<b>INSURER F :</b>			

**COVERAGES**

CERTIFICATE NUMBER: 1128011174

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:	Y		N030PK4183-00	10/2/2025	10/2/2026	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							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
								\$
A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			N030PK4183-00	10/2/2025	10/2/2026	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"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			PRP-229824000-01-3663901	10/2/2025	10/2/2026	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	2025011134428Y	10/2/2025	10/2/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Property			N030PK4183-00	10/2/2025	10/2/2026	\$25,000 Deductible	\$40,443,553
C	Crime / Fidelity Bond	Y		4125011134428Y	10/2/2025	10/2/2026	\$1,000 Deductible	500,000
D	Directors & Officers Liability	Y		1-SKN-AZ-01583705-00	10/2/2025	10/2/2026	\$1,000 Deductible	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 HOA consists of 266 units. Located in Tuscon, AZ 85712.

Management Company is Additionally Insured on the General Liability, D&O Liability, and Fidelity Bond.

See 2nd page of certificate of insurance for further coverage information.

See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

c/o RealManage DBA 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 Owners Association of Monaco Condominums c/o RealManage DBA Vision Community Management 16625 S Desert Foothills Parkway Phoenix AZ 85048	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE	(Empty)	

**ADDITIONAL REMARKS**

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

Single Entity Coverage (Walls In, excluding Improvements and Betterments)

Coverage Includes:

- Special Form with 100% Guaranteed Replacement Cost for the entire project, including common elements
- Equipment Breakdown
- Building Ordinance or Law A - Included B+C - Combined \$500,000 per building
- Limits reviewed annually to ensure 100% Replacement Cost
- Severability of Interest / Separation of Insureds
- Computer Fraud & Funds Transfer Fraud
- Waiver of Rights of Recovery
- No Co-Insurance
- D&O is a Claims-Made Policy
- Hired and Non-Owned Auto Liability
- Roof Limitation Endorsement (Cosmetic + ACV)
- 5% Max Deductible Form



## Owners Association of Monaco Condominiums

### Your Association is insured through LaBarre/Oksnee Insurance

The Association maintains a master insurance policy to insure the buildings and finished interiors (including finished flooring, wall coverings, fixtures and cabinets) for Property Damage. An example of the Perils you are insured for are; wind, hail, lightening, fire, vandalism, malicious mischief, explosion, and sudden and accidental water damage. There are certain exclusions such as your personal property, standard maintenance items, items damaged by normal wear and tear, upgrades or improvements, pest (vermin) damage and subsidence. The Association policy carries a Property Deductible of \$25,000 Per Unit which, depending on the circumstances of the loss, could be your responsibility as the homeowner.

### What Insurance Coverage does a Unit Owner 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.
- **Building Additions and Alterations** can be covered on your personal policy when the association's policy does not pick up coverage for Betterments and Improvements. 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. Also, please be sure to notify your personal insurance agent that this association carries a \$25,000 Property 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.

### Claims Process

Please contact your property manager to report a claim. They will notify our office if a claim needs to be filed.

### Certificates of Insurance

If you require a general certificate of insurance for the association, please email our office at [proof@hoa-insurance.com](mailto:proof@hoa-insurance.com) and we will email the certificate of insurance to you. If your lender requires a more detailed proof of insurance showing their loan information or mortgagee clause on the certificate, they can directly download the information they need at [www.eoidirect.com](http://www.eoidirect.com).

If you are interested in obtaining an HO-6 (Condominium Unit Owners' Policy), feel free our personal lines contact, Tina Terrell, at 949-215-9803 or [Tinatat@homeservices-ins.com](mailto:Tinat@homeservices-ins.com)