



# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

1/18/2026

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).

<b>PRODUCER</b> LaBarre/Oksnee Insurance 30 Enterprise, Suite 180 Aliso Viejo CA 92656	<b>CONTACT NAME:</b>	<b>FAX (A/C, No):</b> 949-588-1275
	<b>PHONE (A/C, No, Ext):</b> 800-698-0711 <b>E-MAIL ADDRESS:</b> proof@hoa-insurance.com	
<b>INSURED</b> Pinnacle Peak Shadows HOA c/o Vision Community Mgmt 16625 S. Desert Foothills Pkwy. Phoenix AZ 85048-9927	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A :</b> American Alternative Ins Co.	19720
	<b>INSURER B :</b> PMA Insurance Group	12262
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	
<b>PINNPEA-02</b>		

## COVERAGES

CERTIFICATE NUMBER: 1469932427

**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 TRADITIONAL INSURANCE.														
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	CAU506124-6		1/25/2026	1/25/2027	EACH OCCURRENCE					
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR								\$ 2,000,000					
									\$ 1,000,000					
									\$ 5,000					
									\$ 2,000,000					
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$ Unlimited					
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC								\$ 2,000,000					
	OTHER:								\$					
A	AUTOMOBILE LIABILITY			Y	CAU506124-6		1/25/2026	1/25/2027	COMBINED SINGLE LIMIT (Ea accident)					
	ANY AUTO								\$ 2,000,000					
	OWNED AUTOS ONLY								\$					
	HIRED AUTOS ONLY								\$					
	SCHEDULED AUTOS								\$					
	NON-OWNED AUTOS ONLY								\$					
	UMBRELLA LIAB		OCCUR CLAIMS-MADE	N/A					EACH OCCURRENCE					
	EXCESS LIAB								\$					
	DED <input type="checkbox"/> RETENTION \$								\$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								\$					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <b>(Mandatory in NH)</b> If yes, describe under DESCRIPTION OF OPERATIONS below			Y / N <input type="checkbox"/>					PER STATUTE					
									OTH-ER					
									\$					
									\$					
A	Property Crime/Fidelity Directors and Officers			Y Y	CAU506124-6 4126011672567Y CAU506124-6		1/25/2026 1/25/2026 1/25/2026	1/25/2027 1/25/2027 1/25/2027	\$1,000 Deductible \$1,000 Deductible \$0 Deductible					
									\$45,000 \$300,000 \$2,000,000					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
HOA consists of 85 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 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**



© 1988-2015 ACORD CORPORATION. All rights reserved.



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY LaBarre/Oksnee Insurance		NAMED INSURED Pinnacle Peak Shadows HOA c/o Vision Community Mgmt 16625 S. Desert Foothills Pkwy. Phoenix AZ 85048-9927	
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 Area Only.

Coverage Includes:

Special Form with 100% Guaranteed Replacement Cost including common area elements

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

Equipment Breakdown

Building Ordinance or Law A+B+C

Severability of Interest / Separation of Insureds

Computer Fraud & Transfer Fraud

No Co-Insurance

D&O is a claims-made policy