



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/17/2026

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).

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 E-MAIL ADDRESS: proof@hoa-insurance.com	
INSURED FTV-1 HOA c/o Vision Community Mgmt 16625 S. Desert Foothills Pkwy Phoenix AZ 85048	INSURER(S) AFFORDING COVERAGE	
	INSURER A : American Alternative Ins Co.	
	INSURER B : PMA Insurance Group	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	
FTV-HOA-01	NAIC #	
	19720	
	12262	

COVERAGES

CERTIFICATE NUMBER: 1766377156

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.

INSURANCE AND CONDITIONS OF THIS POLICY. LIMITS OWNED MAY HAVE BEEN REDUCED BY THIS POLICY.			ADDL/SUBR INSD WVD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
A	X COMMERCIAL GENERAL LIABILITY			Y	CAU530285-3		2/1/2026	2/1/2027	EACH OCCURRENCE					
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR								DAMAGE TO RENTED PREMISES (Ea occurrence)					
									\$ 1,000,000					
									MED EXP (Any one person)					
									\$ 5,000					
									PERSONAL & ADV INJURY					
									\$ 2,000,000					
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE					
	POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC								\$ Unlimited					
	OTHER:								PRODUCTS - COMP/OP AGG					
									\$ 2,000,000					
									\$					
A	AUTOMOBILE LIABILITY			Y	CAU530285-3		2/1/2026	2/1/2027	COMBINED SINGLE LIMIT (Ea accident)					
	ANY AUTO								\$ 1,000,000					
	OWNED AUTOS ONLY								BODILY INJURY (Per person)					
	HIRED AUTOS ONLY								\$					
	X SCHEDULED AUTOS								BODILY INJURY (Per accident)					
			NON-OWNED AUTOS ONLY						\$					
			PROPERTY DAMAGE (Per accident)						\$					
									\$					
									EACH OCCURRENCE					
			EXCESS LIAB						\$					
			CLAIMS-MADE						AGGREGATE					
			DED RETENTION \$						\$					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Y / N	2026010539528Y		2/1/2026	2/1/2027	X PER STATUTE					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								E.L. EACH ACCIDENT					
	(Mandatory in NH)								\$ 500,000					
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE					
									\$ 500,000					
									E.L. DISEASE - POLICY LIMIT					
									\$ 500,000					
									\$ 200,000					
									\$ 1,000,000					
A	Property Crime/Fidelity Directors & Officers			Y	CAU530285-3		2/1/2026	2/1/2027	\$1,000 Deductible					
A				Y	CAU530285-3		2/1/2026	2/1/2027	\$0 Deductible					
A				Y	CAU530285-3		2/1/2026	2/1/2027	\$0 Deductible					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
HOA consists of 40 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

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

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AGENCY LaBarre/Oksnee Insurance		NAMED INSURED FTV-1 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 for COMMON AREAS ONLY

Coverage Includes:

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

Additional Property Limit of \$20,000 for Trees/Shrubs

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

Equipment Breakdown

Building Ordinance or Law

Severability of Interest / Separation of Insureds

No Co-Insurance

D&O is a claims-made policy