



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/10/2026

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: PHONE (A/C, No, Ext): 800-698-0711	FAX (A/C, No): 949-588-1275
	E-MAIL ADDRESS: info@hoa-insurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Accredited Surety And Casualty	26379
	INSURER B: PMA Insurance Group	12262
	INSURER C: Great American Insurance Co.	16691
	INSURER D: Siriuspoint America Insurance	38776
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 1655349140

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 COVERAGE SCHEDULED. LIMITS SHOWN MAY HAVE BEEN REDUCED BY EXCLUDED COVERAGE.				POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
INSR LTR	TYPE OF INSURANCE		ADDL SUB INSD WVD													
A	X	COMMERCIAL GENERAL LIABILITY			Y	1-HNY-TRI-AZ-002726-00			2/15/2026	2/15/2027						
		CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR				EACH OCCURRENCE			\$ 2,000,000							
						DAMAGE TO RENTED PREMISES (Ea occurrence)			\$ 100,000							
						MED EXP (Any one person)			\$ 5,000							
						PERSONAL & ADV INJURY			\$ 2,000,000							
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE			\$ 4,000,000							
	X	POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG			\$ 4,000,000							
		OTHER:				\$			\$							
	AUTOMOBILE LIABILITY					1-HNY-TRI-AZ-002726-00			2/15/2026	2/15/2027						
		ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)			\$ 1,000,000							
A		OWNED AUTOS ONLY			X	SCHEDULED AUTOS			\$							
	X	HIRED AUTOS ONLY				BODILY INJURY (Per person)			\$							
						BODILY INJURY (Per accident)			\$							
						PROPERTY DAMAGE (Per accident)			\$							
						\$			\$							
D	X	UMBRELLA LIAB		X OCCUR	Y/N	XUMB25-002736		2/15/2026	2/15/2027	EACH OCCURRENCE		\$ 1,000,000				
		EXCESS LIAB		CLAIMS-MADE		AGGREGATE				\$ 1,000,000						
		DED X RETENTION \$				\$				\$						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				N/A	2026011676949Y		2/15/2026	2/15/2027	X PER STATUTE	OTH-ER					
	ANYPROPRIETOR/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 B C	Property Crime Directors & Officers				Y Y	1-HNY-TRI-AZ-002726-00		2/15/2026 2/15/2026 2/15/2026	2/15/2027 2/15/2027 2/15/2027	\$5,000 Deductible		\$6,126,783				
						\$1,000 Deductible				\$50,000						
						\$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 18 units. Located in Fountain Hills, AZ 85268.

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

Vision Community Mgmt
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 Park Palisades Homeowners Association #1 AKA Shadow Canyon Townhomes 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

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

Coverage Includes:

Special Form with 100% Replacement Cost for the entire project, including common elements

Wind/Hail Ded - \$75,000

Water Damage Ded - \$5,000

Equipment Breakdown

Building Ordinance or Law A- Included B+C - Combined \$1,225,356

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