October 26, 2026

Villa Oak Homeowners Association Inc
c/o Vision Community Management, A RealManage Company
16625 S Desert Foothills Pkwy
Phoenix, AZ 85048

Dear Community Members,

Socher Insurance Agency a HUB International Company has placed coverage for the Association's Property and General Liability effective November 1, 2026 to November 1, 2027. This letter is to advise you of the building coverage provided for the Association and what type of personal insurance coverage you should purchase as a Unit Owner.

FACTS YOU SHOULD KNOW ABOUT THE ASSOCIATION'S BLANKETED PROPERTY COVERAGE:

1. The Association currently has blanket property coverage for the common area and buildings provided by Accredited Specialty Insurance Company.
2. The Association has a property deductible of **$25,000**.
3. The Accredited Specialty Policy offers a "Following' policy form regarding coverage for the interior of the unit. This means the insurance company will review the CC&Rs to determine coverage for the interior of the unit. The initial review is that the master policy will cover the unit to its Bare Walls, however, final decision rests with the carrier.
4. **You as the individual Unit Owner need to provide coverage for the interior of the unit, and for your personal property residing within the unit.**

Below are some coverage options that we recommend you as the unit owner have on your personal insurance policy, if these coverage options are not included on your current policy, we suggest adding them. Please contact your individual personal lines brokers for details about how to include these options.

Unit Owners Insurance Policy:

An insurance policy may be purchased through your personal Insurance Agent/ Broker. We suggest you include the following options:

- **Building/Property Coverage:** Building/structural coverage that the Association will not provide, I.E., interior of the unit.
- **Personal Content Coverage:** Coverage for any personal items that are yours and not the Association's, as the Association will not cover these items at the time of loss. For example: furniture, jewelry, clothing, laptop computers, televisions., etc.
- **Deductible reimbursement**: If the loss comes from the interior of the unit and the Association charges you the deductible for the claim, this coverage should "reimburse" you for the Association's deductible once you pay your personal insurance policy deductible.
- **Personal Liability.** Protects yourself from liability losses that occur from within your unit (like a slip and fall).
- **Loss of Use** If there is a loss at your unit and you have to stay off premises during the rebuilding process, this coverage would take care of this extra expense.
- **Loss Assessment for Property/Liability and/or Earthquake** If a covered loss exceeds the limits of Insurance coverage provided by the Association, the Association would have a special assessment. This option would cover your portion of the special assessment, less your personal policy deductible.

To request a Certificate or Evidence of Insurance, please go to www.hoainsurance.net and select the green Services box, then Request a Certificate and follow the instructions.

If you need to make a claim, please call your community management company; ***Vision Community Management a RealManage Company, 480-759-4945.***

Socher Insurance Agency specializes in coverage for associations, not individual property owners. You should discuss these coverage options with your personal lines agent.

MSUMNER1

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 10/30/2026

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	CONTACT NAME:	
San Ramon, CA-Socher-HUB International Insurance Services Inc. 6101 Bollinger Canyon Rd Suite 150 San Ramon, CA 94583-5108	PHONE (A/C, No, Ext): (877) 317-9300	FAX (A/C, No):
	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID: LLAOAKH-01	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Accredited Specialty Insurance Company	16835
INSURER B : Great American Insurance Company	16691
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Villa Oak Homeowners Association Inc
Vision Community Management, a RealManage Company
16625 South Desert Foothills Pkwy
Phoenix, AZ 85048

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.

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	X PROPERTY CAUSES OF LOSS / DEDUCTIBLES BASIC BROAD X SPECIAL EARTHQUAKE WIND FLOOD X cov A included	COL1000592	11/01/2026	11/01/2027	BUILDING PERSONAL PROPERTY BUSINESS INCOME EXTRA EXPENSE RENTAL VALUE X BLANKET BUILDING X BLANKET PERS PROP BLANKET BLDG & PP X cov B X cov C	$ $ $ $ $ $ 4,337,573 $ 25,000 $ $ 500,000 $ 500,000
	BUILDING 25,000 CONTENTS					
	INLAND MARINE CAUSES OF LOSS NAMED PERILS	TYPE OF POLICY POLICY NUMBER				$ $ $ $
B	X CRIME TYPE OF POLICY Crime	BINDER	11/01/2026	11/01/2027	X ded: $1,000	$ 200,000 $ $
	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), 130% Replacement Cost Basis with Agreed Value (No Co-Insurance) and no inflation guard is included. 40 Units. Policy is Walls in if your Condominium Association Agreement requires it. Severability of Interest included on Package Policy. Common elements included on policy.

CERTIFICATE HOLDER

Certificate Holder is an Insured
Vision Community Management, a RealManage Company
16625 S Desert Foothills Pkwy
Phoenix, AZ 85048

CANCELLATION

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 LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/30/2026

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	CONTACT NAME:	
San Ramon, CA-Socher-HUB International Insurance Services Inc. 6101 Bollinger Canyon Rd Suite 150 San Ramon, CA 94583-5108	PHONE (A/C, No, Ext): (877) 317-9300	FAX (A/C, No):
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Villa Oak Homeowners Association Inc Vision Community Management, a RealManage Company 16625 South Desert Foothills Pkwy Phoenix, AZ 85048	INSURER A : Accredited Specialty Insurance Company	16835
	INSURER B : Spinnaker Insurance Company	24376
	INSURER C : Hanover Insurance Company	22292
	INSURER D : Great American Insurance Company	16691
	INSURER E :	
	INSURER F :	

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	X COMMERCIAL GENERAL LIABILITY			COL1000592	11/1/2026	11/1/2027	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			COL1000592	11/1/2026	11/1/2027	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB X OCCUR			BINDER	11/1/2026	11/1/2027	EACH OCCURRENCE	$ 5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 5,000,000
	DED X RETENTION $ 0							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N	N / A		BINDER	11/1/2026	11/1/2027	PER STATUTE / OTH-ER	
	ANY PROPRIETOR/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
D	Directors & Officers			F499249	11/1/2026	11/1/2027	ded: $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

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AUTHORIZED REPRESENTATIVE



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