



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/23/2017

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 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 MD License # 0C84283 30 Enterprise #180 Aliso Viejo, CA 92656 Mike DiNino	CONTACT NAME: LaBarre/Oksnee Insurance	
	PHONE (A/C, No, Ext): 800-698-0711	FAX (A/C, No): 949-588-1275
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Philadelphia Indemnity Ins. Co		18058
INSURER B: Liberty Mutual Insurance		23043
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Villa Alegre Association
c/o Vision Community Mgmt
16625 S. Desert Foothills Pkwy
Phoenix, AZ 85048

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR B X D&O \$1,000,000 B X \$1,000 Deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK1657548 CAP031828-0216 CLAIMS MADE	05/24/2017 05/24/2017	05/24/2018 05/24/2018	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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			PHPK1657548	05/24/2017	05/24/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Blanket Property			PHPK1657548-BARE WALLS	05/24/2017	05/24/2018	10,000ded 16,697,584
B	Fidelity Bond			CAC015277-0216	05/24/2017	05/24/2018	1,000ded 500,000

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

The association has 151 units. Property Coverage is BARE WALLS (the interior of the unit is not covered) and includes Guaranteed Replacement Cost, Special Form. Building Ordinance/Law Coverage (A, B & C), Wind & Hail, BMAC. Located in Phoenix, AZ 85031. Management is additional insured

CERTIFICATE HOLDER

CANCELLATION

VISIONP 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 Mike DiNino
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LaBarre/Oksnee Insurance Agency, Inc.

IMPORTANT INSURANCE INFORMATION FOR 05/24/17 to 05/24/18

May 23, 2017

Dear Villa Alegre Association Homeowner,

THE FOLLOWING GIVES IMPORTANT INFORMATION REGARDING YOUR ASSOCIATION'S INSURANCE!

PROPERTY COVERAGE – Master policy with Philadelphia Indemnity Insurance

Direct physical loss coverage is provided for all units and includes all separate structures owned by the association in the amount of **\$16,697,584**, and is subject to a **\$10,000** deductible per occurrence. This is **BARE WALLS** coverage. The interior of the unit is **NOT** covered. Basically, any direct physical loss to a building or separate structure is covered except loss by perils that are specifically excluded. Some of the standard exclusions are nuclear war, wear and tear, flood, damage by insects and vermin, inherent vice, subsidence and faulty construction. This is not a maintenance policy and will provide coverage for perils as described in the policy.

General Liability: \$1,000,000 with Philadelphia Indemnity Insurance

This **\$1,000,000** of liability coverage protects your Association from lawsuits arising out of the injuries that occur within the common areas owned by the Association. This liability does not protect individual unit owners for their liability exposure arising out of the ownership, maintenance, or use of their own individual units.

Director & Officers Coverage: \$1,000,000 with Liberty Mutual

This **\$1,000,000** of liability coverage protects the board for the cost of defense and claims arising from the lawsuits alleging that the directors had failed to properly perform their required duties

Fidelity Bond: **\$500,000** with Liberty Mutual

These bonds protect only against fraudulent or dishonest acts by the persons named in the policy, generally the board of directors. Fidelity bonds **DO NOT COVER** mysterious disappearance, burglary or thefts by outside parties, ordinary mismanagement of funds or overspending.

As a unit owner, you are responsible for insuring the interior of the unit, the contents of your unit and your personal liability. We recommend that your unit owner policy include enough Building Additions and Alterations coverage to cover everything within the unit (cabinets, fixtures, flooring etc) and insure additional living expenses, loss assessment and any gaps in coverage. Your agent should know and understand that you may be responsible for the **\$10,000** deductible if a loss results from an area within your responsibility.

Be sure and contact your personal insurance agent to make sure that you are adequately covered and your coverage coincides with the Association's insurance. Report all claims immediately to the Community Association Manager.

Sincerely,

Mike DiNino
LaBarre/Oksnee Insurance Agency



What a Unit Owner Needs When Association policy is BARE WALLS The interior of the unit is the Owners responsibility

COVERAGES FOR YOUR PERSONAL INSURANCE

Almost all condo associations provide basic property coverage for fire, theft and vandalism. These policies will cover the individual units; however, there may be some exclusions. Each year your association is required to mail an insurance disclosure to every owner. It is always a good idea to fax the disclosure to your insurance agent for an annual review of your personal policies.

The most important coverage for condo owners are:

Personal Liability – Pays damages which you are legally obligated to pay because of bodily injury or property damage resulting from an occurrence.

Umbrella Liability- Additional liability coverage, available with your automobile policy.
This policy is usually written through your auto policy agent.

Personal Property –Moveable items, such as furniture, clothes, dishes, appliances, computers, etc.

Building Property – Covers the interior including Cabinets, fixtures, appliances, wall coverings, carpet or floor coverings, window coverings and anything else that has been installed in the interior of the unit. It is also a good idea to advise your personal carrier of the Master policy deductible, it is the unit owners responsibility to pay for that! Many carriers will cover the HOA policy deductible as it is an important Gap to close!

Loss of use – Helps with necessary increase of living expenses if you cannot stay in the condo due to a covered loss.

Guest Medical – Will pay reasonable charges for medical, surgical, x-ray, dental, etc. resulting from an occurrence on your property.

Loss Assessment – Pays for covered losses in common areas of the association that exceed master policies coverage which result in a special assessment to all unit owners equally.

Earthquake loss assessment – pays for losses related to the living units in the event of an earthquake that may result in a special assessment to all unit owners equally.

Jewelry & Art - high value jewelry and/or collectibles should be covered under a “scheduled or non scheduled floater”.

Compliments of:



LaBarre Oksnee Insurance Agency, Inc.



LaBarre/Oksnee Insurance

EOI Instructions For Homeowners with Letter from Lender Requesting Proof of Renewal

Go to www.EOIDirect.com

Under First-Time Users, select *Homeowner/Home Buyer* in the drop-down box.

-Continue

Enter your email and create a password.

Next to the "I am A:" drop down box, select *Homeowner/ Home Buyer*

-Continue

Home Owner/ Home Buyer Registration:

Fill- out and complete homeowner's information

-Save and Continue

User Service Agreement:

Review terms. Some will not apply to homeowners.

-Accept and Continue

Successfully Registered:

- Select Continue

You will be transferred to the Log-In Screen

Enter your new username and password, under Existing Users.

Control Center Screen:

Click on the words "Evidence of Insurance": Order a Certificate of Insurance

Fill in Homeowners Association Name and Select State. (You will need to know the association's legal name).

-Continue

Next, select which association best matches.

-Continue

Homeowners/ Homebuyers Reason for Certificate:

Select- **I have received a letter from my lender requesting an annual update of my insurance policy.** (Your lender may indicate they will be purchasing, or have purchased, insurance on your behalf).

-Continue

Next, you will be asked to input *Borrowers Last Name and Loan Number* to locate your account. If the system does not find your lender's information, then you will be given the opportunity to input that information.

-Fill in required fields and click *Continue*

Select Delivery Method:

Select preferred method of delivery.

Email or Fax options will both be **free of charge.**

-Continue

Lastly, write the order number at the top of the Lenders Request letter and fax to (208) 379- 4341.

A copy of the Certificate of Liability with the updated mortgagee clause will be sent to your lender, in addition to you as requested.