



CERTIFICATE OF LIABILITY INSURANCE

HAYDE-3

OP ID: JS

DATE (MM/DD/YYYY)

04/26/2017

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 #	
INSURED Hayden Square Condominium Homeowners Association c/o Vision Community Mgmt 16625 S. Desert Foothills Pkwy Phoenix, AZ 85048	INSURER A: Travelers Insurance Company		19046
	INSURER B: Liberty Mutual Insurance		23043
	INSURER C: Great American Insurance Co.		16691
	INSURER D: PMA Insurance Group		12262
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X		680-2G3086	05/01/2017	05/01/2018	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
B	D&O \$1,000,000	X		CAP019717-0314	05/01/2017	05/01/2018	MED EXP (Any one person) \$ 5,000
	\$1,000 ded						PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							
X	POLICY						GENERAL AGGREGATE \$ 2,000,000
	PROJECT						PRODUCTS - COMP/OP AGG \$ 2,000,000
	LOC						\$
A	AUTOMOBILE LIABILITY			680-2G3086	05/01/2017	05/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ Included
	<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
C	UMBRELLA LIAB	X		UM30096005	05/01/2017	05/01/2018	EACH OCCURRENCE \$ 5,000,000
	EXCESS LIAB						CLAIMS-MADE
	DED						\$
	RETENTION \$						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	201701-05-68-90-7	05/01/2017	05/01/2018	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						\$ 1,000,000
	E.L. DISEASE - EA EMPLOYEE						\$ 1,000,000
	E.L. DISEASE - POLICY LIMIT						\$ 1,000,000
A	Blanket Property	X		680-2G3086-BARE WALLS	05/01/2017	05/01/2018	10000 DED 19,601,522
C	Fidelity Bond			392-56-74-01804-03	05/01/2017	05/01/2018	2,500 DED 500,000

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

Association has 118 units. Property policy is BARE WALLS (excludes interior) with 100% Replacement Cost, Special Form coverage. Property deductible is \$10,000. Includes Building Ordinance or Law, Severability of Interest / Separation of Insured, wind & hail coverage. Vision Community Management is named as an 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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