								CONCO-	5	OP ID: JS	
Ą	CORD CFR	ΓIF			RII		SURA			(MM/DD/YYYY)	
CERTIFICATE OF LIABILITY INSURANCE											
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).											
LaBarre/Oksnee Insurance MD						NAME: Labarre/Oksitee insurance PHONE FAX (A/C, No, Ext): 800-698-0711					
License # 0C84283 30 Enterprise #180											
Aliso Viejo, CA 92656 Mike DiNino						INSURER(S) AFFORDING COVERAGE					
						INSURER A : Philadelphia Indemnity Ins. Co					
INSURED The Concorde Condominium HOA						INSURER B : Liberty Mutual Insurance					
c/o Vision Community Mgmt						INSURER C : PMA Insurance Group					
16625 S. Desert Foothills Pkwy Phoenix, AZ 85048						INSURER D : Firemans Fund Insurance Co.					
						INSURER E :					
						INSURER F :					
		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	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs		
A	GENERAL LIABILITY	x		PHPK1621519		03/07/2017	03/07/2018	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	2,000,000	
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	5,000	
в	X D&O \$1,000,000			CAP030549-0216		03/07/2017	03/07/2018	PERSONAL & ADV INJURY	\$	2,000,000	
				CLAIMS MADE				GENERAL AGGREGATE	\$	4,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$ \$	4,000,000 1,000	
								COMBINED SINGLE LIMIT		1,000,000	
A			PHPK1621519			03/07/2017	03/07/2018	(Ea accident) BODILY INJURY (Per person)	\$ \$	1,000,000	
	ALLOWNED SCHEDULED AUTOS AUTOS					••••		BODILY INJURY (Per accident)			
	X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (PER ACCIDENT)	\$ \$		
	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	3,000,000	
D	EXCESS LIAB CLAIMS-MADE			ТВА		03/21/2017	03/07/2018	AGGREGATE	\$	3,000,000	
	DED X RETENTION \$ 0								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- TORY LIMITS ER			
С	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A		201701-04-45-90-8Y		03/07/2017	03/07/2018	E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
A B	Property* Fidelity Bond	x		PHPK1621519 CAC014549-0216		03/07/2017 03/07/2017	03/07/2018 03/07/2018			7,852,500* 500,000	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Property coverage is Single Entity (excludes improvements) with *Guaranteed Replacement Cost*, Special Form, Building Ordinance or Law, Wind & Hail, Severability of interest, Equipment Breakdown included. 100 units. Located in Mesa, AZ 85201. Management is named as 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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