OP ID: JS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/05/2017

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
PHONE (A/C, No, Ext): 800-698-0711 FAX (A/C, No): 949-588-1275
E-MAIL ADDRESS:
PRODUCER CUSTOMER ID #: DEVON-2

INSURED
Devonshire Square Condominium Association
Vision Community Management
16625 S. Desert Foothills Pkwy
Phoenix, AZ 85048

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Harco National Ins Co	
INSURER B : CNA	
INSURER C :	
INSURER D :	
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	
	GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
A	X COMMERCIAL GENERAL LIABILITY	X		TBA	12/02/2017	12/02/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	$ 5,000
B	X D&O $1,000,000			618763026	12/02/2017	12/02/2018	PERSONAL & ADV INJURY	$ 1,000,000
	X $1,000 Deductible			CLAIMS MADE			GENERAL AGGREGATE	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$ 2,000,000
	POLICY PRO-JECT X LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	$
	SCHEDULED AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	$
A	X HIRED AUTOS			TBA	12/02/2017	12/02/2018		
A	X NON-OWNED AUTOS			TBA	12/02/2017	12/02/2018		$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DEDUCTIBLE							$
	RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						WC STATU-TORY LIMITS OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Blanket Property*			TBA	12/02/2017	12/02/2018	5,000 ded	2,768,352*
A	Fidelity Bond	X		TBA	12/02/2017	12/02/2018	1,000 ded	100,000

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

The association has 26 units. Property Coverage is Single Entity (excludes improvements) and includes *Guaranteed Replacement Cost, Special Form, Wind & Hail, Separation of insured, Building Ordinance or Law Coverage. Located in Phoenix AZ 85014. Management is named additional insured on GL, D&O, Crime.

CERTIFICATE HOLDER

VISIONP

Vision Community Management
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
Mike DiNino

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LaBarre/Oksnee Insurance Agency, Inc.

IMPORTANT INSURANCE INFORMATION FOR 12/02/17 to 12/02/18

December 2, 2017

Dear Devonshire Square Condominium Homeowner,

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

PROPERTY COVERAGE – Master policy with Harco National Insurance
Direct physical loss coverage is provided for all units and includes all separate structures owned by the association in the amount of **$2,768,352.** and is subject to a **$5,000.** deductible per occurrence. Basically, any direct physical loss to a building or separate structure is covered except loss by perils that are specifically excluded. Betterments & improvements are not covered in this policy. 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 Harco National 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 C.N.A.
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: **$100,000** with Harco National Insurance
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 contents of your unit and your personal liability. It is recommended that you include enough **Building Additions and Alterations** coverage to replace anything that has been upgraded (i.e cabinets, flooring, etc). We also recommend that your unit owner policy insure additional living expenses, loss assessment and any gaps in coverage. Your agent should know and understand that you may be responsible for the **$5,000** 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
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 coverages 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 through 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 (betterment and improvements) – Any upgrades or improvements made by you after the unit was purchased such as countertops, cabinets and flooring. Be sure to check with your management company to see what exclusions may exist on your master policy, such as floor and wall coverings. It is also a good idea to advise your personal carrier of the Master policy deductible. It may be the unit owners' responsibility to pay for that! Many personal carriers will cover the HOA policy deductible. 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 losses in common area 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 Insuance 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.