OP ID: LW

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/29/2019

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).

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PRODUCER	800-698-0711	CONTACT LaBarre/Oksnee Insurance				
LaBarre/Oksnee Insurance MD License # 0C84283		PHONE (A/C, No, Ext): FAX (A/C, No):				
30 Enterprise #180 Aliso Viejo, CA 92656 Mike DiNino		E-MAIL ADDRESS:				
		INSURER(S) AFFORDING COVERAGE		NAIC#		
		INSURER A : Riverport Insurance Company		36684		
INSURED Windmill Ranch HOA		INSURER B: Continental Casualty Company		20443		
c/o Vision Community Mgmt 16625 S. Desert Foothills Pkwy		INSURER C: PMA Insurance Group		12262		
Phoenix, AZ 85048		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.

		\$1,000 ded		CLAIMS-MADE			MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 2,000,000
		L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 4,000,000
		POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$
		OTHER:						\$ 
Α	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
		ANY AUTO OWNED SCHEDULED		2825714	02/01/2019	02/01/2020	BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
		UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
		DED RETENTION \$						\$
	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANY I	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$
	(Man	datory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
Α	Prop	perty		2825714	02/01/2019	02/01/2020	1,000 ded	142,000*
_	Fide	lity Bond	х	ТВО	02/01/2019	02/01/2020	1 000 dod	125,000

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

The association has 178 units. Common areas only; common elements insured to 100% Replacement Cost. Building Ordinance or Law Coverage included.
Management Company is Additionally Insured on the General Liability, D&O
Liability, and Bond. \*HOA has an additional \$25,000 limit for Trees/Shrub Located in Gilbert, AZ 85297

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Vision Community Mgmt. 16625 S. Desert Foothills Pkwy	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Phoenix, AZ 85048	AUTHORIZED REPRESENTATIVE

CANCELL ATION

CERTIFICATE HOLDER

ACORD