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)

time continuate account control rights to		511 5114 51 5 5 111 (C).					
PRODUCER	800-698-0711	CONTACT LaBarre/Oksnee Insurance					
LaBarre/Oksnee Insurance JL License # 0C84283				9-588-1275			
30 Enterprise #180 Aliso Viejo, CA 92656 Jeff Leane		E-MAIL ADDRESS:	•				
		INSURER(S) AFFORDING COVERAGE	NAIC #				
		INSURER A Riverport Insurance Company	36684				
INSURED Silverton II HOA		INSURER B: Continental Casualty Company	20443				
c/o Vision Community Mgmt 16625 S Desert Foothills Pkwy Phoenix, AZ 85048		INSURER C:					
		INSURER D:					
		INSURER E:					
		INSURER F:					

<u>COVERAGES</u> 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	INSR TYPE OF INSURANCE			SUBR		POLICY EFF	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY					<u> </u>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	х		2810200	02/01/2019	02/01/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
В	Х	D&O(\$1,000,000)			618774981	02/01/2019	02/01/2020	MED EXP (Any one person)	\$	5,000
		\$1,000 ded			CLAIMS-MADE			PERSONAL & ADV INJURY	\$	1,000,000
1	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
1	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO			2810200	02/01/2019	02/01/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED 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 PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A					E.L. EACH ACCIDENT	\$	
	(Man	datory in NH)	117.7					E.L. DISEASE - EA EMPLOYEE	\$	
	DÉS	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
A	Pro	perty			2810200	02/01/2019	02/01/2020	1,000 ded		184,000*
A	Fide	elity Bond			2810200	02/01/2019	02/01/2020	1,000 ded		250,000

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

Coverage is for common area only. Management company is additionally insured. The association has 162 units. Common elements insured to 100% Replacement Cost. Building Ordinance or Law Coverage included. Additional \$50,000 for Trees/Shrubs.

Vision Community Management 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	24 hu
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CANCELLATION

**CERTIFICATE HOLDER** 

ACORD