



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
06/29/2022

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.

PRODUCER Socher Insurance Agency, Inc. 7901 Stoneridge Drive, Suite 403 Pleasanton, CA 94588	CONTACT NAME: PHONE (A/C, No, Ext): (877) 317-9300 FAX (A/C, No): (877) 317-9305 E-MAIL ADDRESS: info@hoainsurance.net PRODUCER CUSTOMER ID: PAPARID-01														
INSURED Papago Ridge Condominium Vision Community Management 16625 S Desert Foothills Pkwy Phoenix, AZ 85048	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : QBE Insurance Corporation</td> <td></td> </tr> <tr> <td>INSURER B : Continental Casualty Company</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : QBE Insurance Corporation		INSURER B : Continental Casualty Company		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Please see Certificate of Liability, Acord 25, for remaining coverage.
Equipment Breakdown coverage included. Crime/Employee Dishonesty/Fidelity Bond includes Property Manager as an Employee.

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	X PROPERTY	MC500040100	06/20/2022	06/20/2023	X BUILDING	\$ 9,593,308	
	CAUSES OF LOSS				DEDUCTIBLES	X PERSONAL PROPERTY	\$ 25,000
	BASIC				BUILDING 10,000	BUSINESS INCOME	\$
	BROAD				CONTENTS	EXTRA EXPENSE	\$
	X SPECIAL					RENTAL VALUE	\$
	EARTHQUAKE					BLANKET BUILDING	\$
	WIND					BLANKET PERS PROP	\$
	FLOOD					BLANKET BLDG & PP	\$
X Water Ded	25,000		X Ord Cov A- Included	\$			
			X Ord Cov B&C -20%	\$			
	INLAND MARINE	TYPE OF POLICY				\$	
	CAUSES OF LOSS					\$	
	NAMED PERILS	POLICY NUMBER				\$	
						\$	
B	X CRIME				X Deductible \$2,500	\$ 250,000	
	TYPE OF POLICY					\$	
	Fidelity Bond	618912681	06/20/2022	06/20/2023		\$	
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$	
						\$	
						\$	

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Special Form (wind included), Guaranteed Replacement Cost Basis with no co-insurance. 90 Units. Policy is Walls In excluding Betterments & Improvements. Severability of Interest included on Package Policy.

CERTIFICATE HOLDER <p style="text-align: center;">For Info Only</p>	CANCELLATION <p style="text-align: center;">SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <hr/> <p style="text-align: center;">AUTHORIZED REPRESENTATIVE</p> <p style="text-align: center;"><i>Paula L. Conrad</i></p>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/29/2022

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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).

PRODUCER Socher Insurance Agency, Inc. 7901 Stoneridge Drive, Suite 403 Pleasanton, CA 94588	CONTACT NAME: PHONE (A/C, No, Ext): (877) 317-9300	FAX (A/C, No): (877) 317-9305	
	E-MAIL ADDRESS: info@hoainsurance.net		
INSURED Papago Ridge Condominium Vision Community Management 16625 S Desert Foothills Pkwy Phoenix, AZ 85048	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : QBE Insurance Corporation		
	INSURER B : Federal Insurance Company		
	INSURER C : PMA Insurance Group		
	INSURER D : Continental Casualty Company		
	INSURER E : INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MC500040100	6/20/2022	6/20/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000	
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			MC500040100	6/20/2022	6/20/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			G7449495A	6/20/2022	6/20/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> Y / N <input type="checkbox"/> N / A			2021010722462Y	6/20/2022	6/20/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$	
D	Directors & Officers			618912681	6/20/2022	6/20/2023	Deductible \$1,000	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Please see Certificate of Property, Acord 24, for building values.

CERTIFICATE HOLDER **CANCELLATION**

For Info Only	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 <i>Paula L. Conrad</i>

6/16/2022

Papago Ridge Condominium
Disclosure Summary Form

Property: QBE Insurance Corporation: 6/20/2022 - 6/20/2023
\$9,593,308 GRC Special Form, Guaranteed Replacement Cost with No Coinsurance and a \$10,000 AOP/\$25,000 Water Deductible per Occurrence. Equipment Breakdown Coverage is included.

General Liability: QBE Insurance Corporation: 6/20/2022 - 6/20/2023
\$1,000,000/\$2,000,000 per Occurrence/General Aggregate with a \$0 Deductible. Included Non-Owned and Hired Automobile Liability is included in this policy.

Umbrella Liability: Federal Insurance Company: 6/20/2022 - 6/20/2023
\$5,000,000 Each Occurrence/General Aggregate with a \$0 self insured retention each occurrence.

Directors' and Officers' Liability: Continental Casualty Company: 6/20/2022 - 6/20/2023
\$1,000,000 per Occurrence/General Aggregate with a \$1,000 Retention per Occurrence.

Employee Dishonesty: Continental Casualty Company: 6/20/2022 - 6/20/2023
\$250,000 per Occurrence with a \$2,500 Deductible.

Workers' Compensation: PMA Insurance Company: 6/20/2022 - 6/20/2023
\$1,000,000 Coverage statutory limits as required by California law.

Earthquake Insurance: No Coverage through our Agency.

Flood: No Coverage through our Agency.

This summary of the Association's policies of insurance provides only certain information and should not be considered a substitute for the complete policy terms and conditions contained in the actual policies of insurance. Any Association Member may, upon request and provision of reasonable notice, review the Association's Insurance Policies and, upon request and payment of reasonable duplication charges, obtain copies of those policies. Although the Association maintains the Policies of Insurance specified in this summary, the Association's Policies of Insurance may not cover your property, including personal property or real property improvements to or around your dwelling, or personal injuries or other losses that occur within or around your dwelling. Even if a loss is covered, you may nevertheless be responsible for paying all or a portion of any Deductible that applies. Association Members should consult with their individual Insurance Broker or Agent for appropriate additional coverage.

*****For lender and/or unit specific Evidence of Insurance please call EOI Direct at 877-456-3643. For general proof of insurance please contact Socher Insurance at 877-317-9300*****