



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/03/2017

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 JL License # 0C84283 30 Enterprise #180 Aliso Viejo, CA 92656 Jeff Leane	CONTACT NAME: LaBarre Oksnee Insurance PHONE (A/C, No, Ext): 800-698-0711 FAX (A/C, No): 949-588-1275 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED Crystal Springs II, Inc. c/o Vision Community Mgt. 16625 S Desert Foothills Pkwy Phoenix, AZ 85048	INSURER A: Argonaut Insurance Co. NAIC # 19801	
	INSURER B: Continental Casualty Co. (CNA) 20443	
	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 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	X		ACP2904118-00	03/31/2017	03/31/2018	EACH OCCURRENCE \$ 2,000,000
B	<input checked="" type="checkbox"/> D&O Liability \$1,000 deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			618724095 CLAIMS MADE	03/31/2017	03/31/2018	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 D&O Liab \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			ACP2904118-00	03/31/2017	03/31/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Blanket Property			ACP2904118-00	03/31/2017	03/31/2018	5k/10kded 7,511,654*
A	Fidelity Bond	X		ACP2904118-00	03/31/2017	03/31/2018	1,000 ded 150,000

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

The Association has 64 Units. Property Coverage is All-In (includes improvements) and includes *GUARANTEED REPLACEMENT COST / Special Form. The property deductible is \$10,000 for water losses and \$5,000 for all other losses. Building Ordinance or Law Coverage included. Management Company is additional insured on GL, D&O and Fidelity Bond.

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 
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LaBarre/Oksnee Insurance Agency

March 31, 2017

Members of Crystal Springs II:

Following a competitive bidding process, your Board of Directors has selected the LaBarre/Oksnee Insurance Agency to provide insurance coverage for the Association this year. The Association's insurance coverage includes property, general liability, directors and officers liability, and fidelity bond.

The association's property insurance covers the residential buildings and common area structures and will pay to restore building damage to the building structures and unit interiors as required by your CC&Rs. This is called an "All Inclusive" coverage policy. In case of a loss, each unit owner will be responsible for all damage to their unit costing less than the Association's deductible plus damage to any personal property. Coverage for claims is subject to policy terms and exclusions, your Association's legal documents, and the policy deductible. The Board has determined that the property deductible will be \$10,000 for water damage claims and \$5,000 per claim for all other types of losses for this policy term, which is 3/31/17 – 3/31/18.

While the Association's master insurance policy will cover some of the insurance needs for each unit owner, every owner should consider a Condominium Unit Owners Policy (HO-6) to provide coverage for:

- *Damage, theft and loss of contents/personal property*
- *Covered damage repairs which fall below the \$10,000 or \$5,000 deductible (depending on the type of loss)*
- *Personal Liability for injury or property damage or injury you cause to another party*
- *Additional living expenses if you are unable to live in the unit while it is repaired*
- *Loss Assessment (to cover special assessments due to an insured loss)*
- *Loss Of Income(to cover lost rents due to an insured loss)*

You are urged to contact your personal insurance agent to review your current policy and your responsibilities as outlined in the Crystal Springs II legal documents. If you have any questions about the Association's policy, please contact our office at (800) 698-0711. If you have questions about the association's legal documents, or if you need to file a claim, please contact Vision Community Management at (480) 759-4945.

A current Certificate of Insurance is attached for your files that you may forward to your lender to show proof of insurance by the Association. If your lender requires a more detailed proof of insurance showing their loan information on the certificate, they can directly download the information they need at www.eoidirect.com. Or they may call our office at (800) 698-0711 and request Evidence of Insurance for Crystal Springs II. Our staff will happily assist them.

Sincerely,

Jeff Leane

Broker, LaBarre Oksnee Insurance