

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. T CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLIC BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZ 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 endors If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER LaBarre/Oksnee Insurance CONTACT Aliso Viejo CA 92656 INSURER A: Accelerant National Insurance.com INSURED LAKEPAR-16 Lake Park Villas HOA LAKEPAR-16 C/o Vision Community Mgmt LAKEPAR-16 INSURER B: PMA Insurance Group 122 INSURER D: INSURER D:				
If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER CONTACT LaBarre/Oksnee Insurance FAX 30 Enterprise, Suite 180 FAX Aliso Viejo CA 92656 FAX INSURED INSURER A: Accelerant National Insurance 102 Lake Park Villas HOA LAKEPAR-16 INSURER B: PMA Insurance Group 122 INSURER C: Continental Casualty Company 204				
this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER LaBarre/Oksnee Insurance 30 Enterprise, Suite 180 Aliso Viejo CA 92656 CONTACT NAME: PHONE (A/C, No, Ext): 800-698-0711 FAX (A/C, No): 949-588-1275 Miso Viejo CA 92656 FAX (A/C, No, Ext): 800-698-0711 FAX (A/C, No): 949-588-1275 INSURER(s) AFFORDING COVERAGE NAME INSURER A: Accelerant National Insurance 102 INSURED LAKEPAR-16 INSURER B: PMA Insurance Group 122 INSURER D: Continental Casualty Company 204				
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Aliso Viejo CA 92656 E-MAIL ADDRESs: proof@hoa-insurance.com INSURER(S) AFFORDING COVERAGE NAME INSURER A : Accelerant National Insurance 102 INSURED LAKEPAR-16 INSURER B : PMA Insurance Group 122 Lake Park Villas HOA c/o Vision Community Mgmt INSURER c : Continental Casualty Company 204				
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16625 S Desert Foothills Pkwy				
Phoenix A7 85048				
INSURER E :				
COVERAGES CERTIFICATE NUMBER: 595558562 REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PER				
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 SUBR INSD WVD POLICY NUMBER POLICY EFF (MW/DD/YYYY) (MW/DD/YYYY) LIMITS				
A X COMMERCIAL GENERAL LIABILITY Y N030PK1522-01 5/1/2024 5/1/2025 EACH OCCURRENCE \$1,000,000				
CLAIMS-MADE OCCUR PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000				
PERSONAL & ADV INJURY \$1,000,000				
GEN'L AGGREGATE LIMIT APPLIES PER:				
X POLICY PRO- JECT LOC				
OTHER:				
A AUTOMOBILE LABILITY NO. 0000K1522.01 5/1/2024 5/1/2025 COMBINED SINGLE LIMIT \$1.000.000				
ANY AUTO BODILY INJURY (Per person) \$				
OWNED SCHEDULED SCHEDULED				
AUTOS ONLY AUTOS Y HIRED Y NON-OWNED PROPERTY DAMAGE e				
AUTOS ONLY A AUTOS ONLY (Per accident) \$				
UMBRELLA LIAB OCCUR EACH OCCURRENCE \$				
EXCESS LIAB CLAIMS-MADE				
DED RETENTION \$				
WORKERS COMPENSATION PER OTH-				
AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE ELL. EACH ACCIDENT \$				
OFFICER/MEMBER EXCLUDED?				
If yes, describe under				
A Property N030PK1522-01 5/1/2024 5/1/2025 \$25,000 Deductible \$21,218,000				
B Crime/Fidelity Y 4124011162874Y 5/1/2024 5/1/2025 \$1,000 Deductible \$500,000 Directors & Officers Y 418906699 5/1/2024 5/1/2025 \$1,000 Deductible \$1,000,000				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)				
HOA consists of 144 units. Located in Tempe, AZ 85283.				
Management Company is Additionally Insured on the General Liability, D&O Liability, and Fidelity-Crime.				
See 2nd page of certificate of insurance for further coverage information.				
See Attached				
CERTIFICATE HOLDER CANCELLATION				
Vision Community Management 16625 S. Depart Factbille Divers				
16625 S Desert Foothills Pkwy Phoenix AZ 85048				
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AGENCY CUSTOMER ID: LAKEPAR-16

LOC #:

ACORD	

ADDITIONAL REMARKS SCHEDULE

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AGENCY LaBarre/Oksnee Insurance POLICY NUMBER		NAMED INSURED Lake Park Villas HOA c/o Vision Community Mgmt 16625 S. Desert Foothills Pkwy Phoenix AZ 85048			
			CARRIER	NAIC CODE	
					EFFECTIVE DATE:
ADDITIONAL REMARKS					
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,					
FORM NUMBER:25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE					

Bare Walls (Interior Coverage Excluded)

Coverage Includes: Special Form with 100% Guaranteed Replacement Cost Wind/Hail Equipment Breakdown Building Ordinance or Law A+B+C Inflation Guard and/or limits are reviewed yearly to ensure 100% Replacement Cost Severability of Interest / Separation of Insureds Waiver of Rights of Recovery No Co-Insurance D&O is a Claims-Made Policy