VIRGPAR-01

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ACORD'

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/14/2024

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).

tŀ	nis certificate does not confer rights to	the c	erti	ficate holder in lieu of su	ch end	orsement(s)						
PRO	DUCER				CONTACT NAME:							
Socher Insurance Agency, Inc. 7901 Stoneridge Drive, Suite 403						PHONE (A/C, No, Ext): (877) 317-9300 FAX (A/C, No): (877) 317-9305						
790 Plea	1 Stoneridge Drive, Suite 403 asanton, CA 94588				E-MAIL	ss: info@ho	ainsurance		,			
	,				ADDITE			RDING COVERAGE		NAIC#		
					INCLIDE		• •	ive Insurance Corpor	ation	IVAIO#		
INCI	JRED				INSURE							
	Virginia Park Villas Homeowr	ners A	Asso	ociation Incorporated								
	RealManage Family of Brands		ion (Community Managemen	INSURER C: INSURER D:							
	16625 S Desert Foothills Park Phoenix, AZ 85048											
	Filoenix, AZ 03040				INSURER E: INSURER F:							
	VEDACES CERT		A T.	· NUMBED.	INSURE	KF:		DEVICION NUMBER.				
	VERAGES CERT HIS IS TO CERTIFY THAT THE POLICIES			NUMBER:	LAVE D	TEN ISSUED I		REVISION NUMBER:	THE DOL	ICV DEDIOD		
I١	NDICATED. NOTWITHSTANDING ANY RE	QUIR	EME	ENT, TERM OR CONDITION	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESPE	ECT TO	WHICH THIS		
Ç	ERTIFICATE MAY BE ISSUED OR MAY F	PERTA	AIN,	THE INSURANCE AFFORI	DED BY	THE POLICI	ES DESCRIB	ED HEREIN IS SUBJECT 1	TO ALL T	HE TERMS,		
⊢ INSR	XCLUSIONS AND CONDITIONS OF SUCH P	ADDL S			BEEN F	POLICY EFF	PAID CLAIMS. POLICY EXP					
LTR	TYPE OF INSURANCE	INSD V	NVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	ΓS □	1,000,000		
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$			
	CLAIMS-MADE X OCCUR	X		CAU530851-1		5/11/2024	5/11/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000		
								MED EXP (Any one person)	\$	5,000		
								PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	4 000 000			
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	1,000,000		
	OTHER:								\$			
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
	ANY AUTO	X		CAU530851-1		5/11/2024	5/11/2025	BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS ONLY							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 \$								\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	s			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT				
В	Directors & Officers	Х		PCAP043774-0124		5/11/2024	5/11/2025	Deductible: \$1,000	—	1,000,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	FS (AC	ORD	101 Additional Remarks Schedu	le may h	e attached if mor	e snace is requi	.eq)				
Plea	ise see Certificate of Property, Acord 24,	for b	uildi	ng values.	ie, may b	e attached ii iiioi	e space is requi	euj				
CE	RTIFICATE HOLDER				CANCELLATION							
					6 N V		THE VBOVE D	ESCRIBED DUI ICIES RE C	ANCELL	ED REFORE		
RealManage Family of Brands/Vision Community Management						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
								CY PROVISIONS.				

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 05/14/2024

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		CONTACT NAME:						
Socher Insu	rance Agency, Inc.	PHONE (A/C, No, Ext): (877) 317-9300	FAX (A/C, No): (877) 3	317-9305				
7901 Stoner Pleasanton.	idge Drive, Suite 403 CA 94588	E-MAIL ADDRESS: info@hoainsurance.net						
. 10404111511, 577 6 1666		PRODUCER CUSTOMER ID: VIRGPAR-01						
		INSURER(S) AFFORDING COVERAGE	NAIC#					
INSURED		INSURER A : American Alternative Insurance Corporation						
	Virginia Park Villas Homeowners Association Incorporated	INSURER B: PMA Insurance Group						
	RealManage Family of Brands/Vision Community Managemen 16625 S Desert Foothills Parkway	INSURER C :						
		INSURER D:						
	Phoenix, AZ 85048	INSURER E :						
		INSURER F:						

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	SR TYPE OF INSURANCE			POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY		LIMITS
Α	Х	PROPERTY						BUILDING	\$
	CAUSES OF LOSS DEDUCTIBLES		DEDUCTIBLES	CAU530851-1	05/11/2024	05/11/2025		PERSONAL PROPERTY	\$
		BASIC	BUILDING 10,000					BUSINESS INCOME	\$
	BROAD CONTENTS X SPECIAL		CONTENTS					EXTRA EXPENSE	\$
								RENTAL VALUE	\$
		EARTHQUAKE						BLANKET BUILDING	\$
		WIND						BLANKET PERS PROP	\$
		FLOOD					X	BLANKET BLDG & PP	\$ 3,350,000
	X	ord cov A: inc					X	ord cov B:	\$ 300,000
							X	ord cov C:	\$ 336,000
		INLAND MARINE		TYPE OF POLICY					\$
	CAL	JSES OF LOSS							\$
		NAMED PERILS		POLICY NUMBER					\$
									\$
В	Х	CRIME					Х	Deductible: \$1,000	\$ 50,000
	TYPE OF POLICY								\$
	Fidelity Bond			4124010601591Y	05/11/2024	05/11/2025			\$
	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. 14 Units. Policy is Walls in including Betterments & Improvements. Severability of Interest included on Package Policy. Common elements included on policy.

CENTIFICATE HOLDER	CANCELLATION
for informational purposes	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