

MEGHANC



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/29/2021

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 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).

PRODUCER		CONTACT NAME:				
LaBarre/Oksnee Insurance 30 Enterprise, Suite 180 Aliso Viejo, CA 92656		PHONE (A/C, No, Ext): (800) 698-0711	FAX (A/C, No): (949)	588-1275		
		E-MAIL ADDRESS: proof@hoa-insurance.com	, , , , , , , , , ,			
		INSURER(S) AFFORDING COVERAGE		NAIC#		
		INSURER A : Sirius America Insurance		38776		
INSURED		INSURER B: Fireman's Fund Insurance Co.		21873		
Merrill Cantatierra F	IOA	INSURER C: PMA Insurance Group		12262		
c/o AZCMS 15300 N 90th Ste. 80	-	INSURER D :				
Scottsdale, AZ 8526		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	REVISION NUI	MRED.			

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,

The content of the		EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X 2828547 5/7/2021 5/7/2022 5/7/202		TYPE OF INSURANCE	ADDL	SUBR WVD POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	s
MED EXP (Any one person) \$ 5,6					(<u> </u>		\$ 1,000,000
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AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below A Property 2828547 STATUTE ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ 2770 DESCRIPTION OF OPERATIONS Delow 28288547 STATUTE ER E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ 2828547 STATUTE ER E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ 2828547 STATUTE ER E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ 2828547 STATUTE ER E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ 2828547 STATUTE ER E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ CAN PROPERTY STATUTE ER E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ CAN PROPERTY STATUTE ER E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ CAN PROPERTY STATUTE ER E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ CAN PROPERTY STATUTE ER E.L. DISEASE - POLICY LIMIT \$ CAN PROPERTY STATUTE ER E.L. DISEASE - POLICY LIMIT \$ CAN PROPERTY STATUTE ER E.L. DISEASE - POLICY LIMIT \$ CAN PROPERTY STATUTE ER E.L. DISEASE - POLICY LIMIT \$ CAN PROPERTY STATUTE ER E.L. DISEASE - POLICY LIMIT \$ CAN PROPERTY STATUTE ER E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ CAN PROPERTY STATUTE ER E.L. DISEASE - POLICY LIMIT STATU		DED RETENTION \$						\$
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If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$
A Property 2828547 5/7/2021 5/7/2022 2,500 Deductible 225,0	If yes, describe under DESCRIPTION OF OPERATIONS below							
C Crime/Fidelity Bond X 4121011164748Y 5/7/2021 5/7/2022 2,500 Deductible 300,0	Α			2828547	5/7/2021	5/7/2022	2,500 Deductible	225,000
	С	C Crime/Fidelity Bond		4121011164748Y	5/7/2021	5/7/2022	2,500 Deductible	300,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) HOA consists of 49 Units. Located in Paradise Valley, AZ 85253.

Management Company is Additionally Insured on the General Liability, D&O Liability, and Fidelity Bond.

See 2nd page of certificate of insurance for further coverage information.

CERTIFICATE HOLDER	CANCELLATION

Arizona Community Mgmt Service 15300 N 90th Ste. 800 Scottsdale, AZ 85260

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



LOC #:

ACORD°

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED		
LaBarre/Oksnee Insurance		Merrill Cantatierra HOA c/o AZCMS		
POLICY NUMBER		15300 N 90th Ste. 800 Scottsdale, AZ 85260		
SEE PAGE 1		Scottsuale, AZ 05200		
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Coverage is for COMMON AREAS ONLY.

Coverage Includes:

Special Form with 100% Replacement Cost; Property sublimits may apply

Additional Property Limit of \$25,000 for Trees/Shrubs

Wind/Hail (includes Trees/Shrubs)

Building Ordinance or Law Equipment Breakdown

Severability of Interest / Separation of Insureds

No Co-Insurance

D&O Liability: Carrier: CNA Policy #618793501

Policy Term: 5/7/2021 - 5/7/2022

Limit: \$1,000,000 Deductible: \$5,000 D&O IS CLAIMS-MADE