PCONRAD



## CERTIFICATE OF LIABILITY INSURANCE

3/7/2024

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).

time continuous deconition inglitto to time continuous monde. In field of					
PRODUCER	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			
Pleasanton, CA 94588	E-MAIL ADDRESS: info@hoainsurance.net				
	INSURER(S) AFFORDING COVERAGE		NAIC #		
	INSURER A: (STANDARD) Accelerant National Insurance Company 10220				
INSURED	INSURER B: Hanover Insurance Group				
Casa Requena II Homeowner's Association	INSURER C : Great American Insurance Com	pany			
RealManage Family of Brands   Vision Community Manageme 16625 S Desert Foothills Pkwy,	INSURER D :				
Phoenix, AZ 85048	INSURER E :				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER:	DEVISION NUM	ADED:			

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.

NSR LTR		TYPE OF INSURANCE	ADDL S	UBR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	ı	IMITS	
A	Х	COMMERCIAL GENERAL LIABILITY		INGO WYO		8/5/2024	EACH OCCURRENCE	\$	2,000,000
		CLAIMS-MADE X OCCUR		N030PK1877-00			DAMAGE TO RENTED PREMISES (Ea occurrence	) \$	300,000
							MED EXP (Any one person		5,000
							PERSONAL & ADV INJUR	/ S	2,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	4,000,000
		POLICY PRO- JECT LOC					PRODUCTS - COMP/OP A	GG \$	4,000,000
Α	AUT	OTHER:  FOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO		N030PK1877-00	8/5/2023	8/5/2024	BODILY INJURY (Per person	on) \$	
		OWNED SCHEDULED AUTOS					BODILY INJURY (Per accid	ent) \$	
	X	HIRED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
								\$	
		UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
		DED RETENTION \$						\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE					X PER OT ER	H-		
		W2YJ651407	2/15/2024	2/15/2025	E.L. EACH ACCIDENT	\$	1,000,000		
	OFFI (Man	FFICER/MEMBER EXCLUDED?  N / A  Mandatory in NH)				E.L. DISEASE - EA EMPLO	YFF \$	1,000,000	
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LI		1,000,000
		ectors & Officers		EPPE792294-00	8/5/2023	8/5/2024	deductible: \$1,000	VIII Ф	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
CERTIFICATE HOLDER	CANCELLATION

for informational purposes RealManage Family of Brands | Vision Community Manageme 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

Paula L. Comas