



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/2/2021

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 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).

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	
	E-MAIL ADDRESS: proof@hoa-insurance.com	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Mountain Trails Community AAM LLC 1600 W Broadway #200 Tempe, AZ 85282	INSURER A : Sirius America Insurance	38776
	INSURER B : Great American Alliance Ins Co	
	INSURER C : PMA Insurance Group	12262
	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 checked="" type="checkbox"/>		2878154	2/9/2021	2/9/2022	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
								GENERAL AGGREGATE	\$ 3,000,000
								PRODUCTS - COMP/OP AGG	\$
									\$
		GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:							
A	<input type="checkbox"/>	AUTOMOBILE LIABILITY			2878154	2/9/2021	2/9/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>						BODILY INJURY (Per person)	\$
								BODILY INJURY (Per accident)	\$
								PROPERTY DAMAGE (Per accident)	\$
									\$
B	<input checked="" type="checkbox"/>	UMBRELLA LIAB			UM30202189	2/9/2021	2/9/2022	EACH OCCURRENCE	\$ 1,000,000
		EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>						AGGREGATE	\$ 1,000,000
		DED <input checked="" type="checkbox"/> RETENTION \$ 0							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N						PER STATUTE	\$
		If yes, describe under DESCRIPTION OF OPERATIONS below						OTH-ER	\$
								E.L. EACH ACCIDENT	\$
								E.L. DISEASE - EA EMPLOYEE	\$
								E.L. DISEASE - POLICY LIMIT	\$
A		Property			2878154	2/9/2021	2/9/2022	1,000 ded	235,000
C		Crime/Fidelity Bond	<input checked="" type="checkbox"/>		4121011063320Y	2/9/2021	2/9/2022	1,000 ded	325,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
HOA consists of 161 Units. Located in Phoenix, AZ.

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

AAM, LLC 1600 W. Broadway Rd., #200 Tempe, AZ 85282	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

**ADDITIONAL REMARKS SCHEDULE**

AGENCY LaBarre/Oksnee Insurance		NAMED INSURED Mountain Trails Community AAM LLC	
POLICY NUMBER SEE PAGE 1		1600 W Broadway #200 Tempe, AZ 85282	
CARRIER SEE PAGE 1	NAIC CODE 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

Certificate of Liability Remarks

Coverage is for COMMON AREAS ONLY.

Coverage Includes:

Special Form with 100% Replacement Cost
Additional Property of \$25,000 for Trees/Shrubs
Property sublimits may apply
Wind/Hail (includes Trees/Shrubs)
Building Ordinance or Law A+B+C
Severability of Interest / Separation of Insureds
No Co-Insurance

D&O Liability:

Carrier: Continental Casualty Company
Policy #618715882
Policy Term: 02/09/2021 - 02/09/2022
Limit: \$1,000,000
Deductible: \$1,000
D&O IS CLAIMS-MADE