



**LABARRE/OKSNEE**  
INSURANCE

IMPORTANT INSURANCE INFORMATION FOR 01/18/2024 to 01/18/2025

January 18, 2024

Dear La Solana Condominium Association Homeowner,

THE FOLLOWING GIVES IMPORTANT INFORMATION REGARDING YOUR ASSOCIATION'S INSURANCE!

**Property Coverage:** Master policy with Accelerant National Insurance Company  
Direct physical loss coverage is provided for all units and includes all separate structures owned by the association in the amount of **\$45,801,013** and is subject to a **\$10,000** deductible per occurrence **EXCEPT \$25,000 per unit** deductible for water, sewer or sprinkler losses. Basically, any direct physical loss to a building or separate structure is covered except loss by perils that are specifically excluded. Betterments & improvements are not covered in this policy. Some of the standard exclusions are nuclear war, wear and tear, flood, damage by insects and vermin, inherent vice, subsidence and faulty construction. This is not a maintenance policy and will only provide coverage for perils as described in the policy.

**General Liability:** \$1,000,000 with Lio Insurance / \$5,000,000 Umbrella with Allied World Insurance  
This **\$6,000,000** of liability coverage protects your Association from lawsuits arising out of the injuries that occur within the common areas owned by the Association. This liability does not protect individual unit owners for their liability exposure arising out of the ownership, maintenance, or use of their own individual units.

**Director & Officers Coverage:** \$1,000,000 with Philadelphia Indemnity Insurance  
This **\$1,000,000** of liability coverage protects the board for the cost of defense and claims arising from the lawsuits alleging that the directors had failed to properly perform their required duties.

**Fidelity Bond:** **\$1,300,000** with Great American Insurance  
These bonds protect only against fraudulent or dishonest acts by the persons named in the policy, generally the board of directors. Fidelity bonds **DO NOT COVER** mysterious disappearance, burglary or thefts by outside parties, ordinary mismanagement of funds or overspending.

As a unit owner, you are responsible for insuring the contents of your unit and your personal liability. It is recommended that you include enough **Building Additions and Alterations** coverage to replace anything that has been upgraded (i.e cabinets, flooring, etc). We also recommend that your unit owner policy insure additional living expenses, loss assessment and any gaps in coverage. Your agent should know and understand that you may be responsible for the **\$10,000 / \$25,000** deductible if a loss results from an area within your responsibility.

Be sure and contact your personal insurance agent to make sure that you are adequately covered and your coverage coincides with the Association's insurance. Report all claims immediately to the Community Association Manager.

Sincerely,

Mike DiNino  
LaBarre/Oksnee Insurance Agency





## What a Unit Owner Needs COVERAGES FOR YOUR PERSONAL INSURANCE

Almost all condo associations provide basic property coverage for fire, theft and vandalism. These policies will cover the individual units; however, there may be some exclusions. Each year your association is required to mail an insurance disclosure to every owner. It is always a good idea to fax the disclosure to your insurance agent for an annual review of your personal policies.

**The most important coverages for condo owners are:**

**Personal Liability** – Pays damages which you are legally obligated to pay because of bodily injury or property damage resulting from an occurrence.

**Umbrella Liability**- Additional liability coverage, available through your automobile policy. *This policy is usually written through your auto policy agent.*

**Personal Property** – Moveable items, such as furniture, clothes, dishes, appliances, computers, etc.

**Building Property** (betterment and improvements) – Any upgrades or improvements made by you after the unit was purchased such as countertops, cabinets and flooring. Be sure to check with your management company to see what exclusions may exist on your master policy, such as floor and wall coverings. It is also a good idea to advise your personal carrier of the Master policy deductible. It may be the unit owners' responsibility to pay for that! Many personal carriers will cover the HOA policy deductible. It is an important Gap to close!

**Loss of use** – Helps with necessary increase of living expenses if you cannot stay in the condo due to a covered loss.

**Guest Medical** – Will pay reasonable charges for medical, surgical, x-ray, dental, etc. resulting from an occurrence on your property.

**Loss Assessment** – Pays for losses in common area of the association that exceed master policies coverage which result in a special assessment to all unit owners equally.

**Earthquake loss assessment** – pays for losses related to the living units in the event of an earthquake that may result in a special assessment to all unit owners equally.

**Jewelry & Art** - high value jewelry and/or collectibles should be covered under a "scheduled or non scheduled floater".

Compliments of:



LABARRE/OKSNEE  
INSURANCE





## EOI Instructions for Homeowners: How to Obtain Proof of Renewal for Lender

Go to [www.EOIDirect.com](http://www.EOIDirect.com)

- Under First-Time Users, select *Homeowner/Home Buyer* from the drop-down  
-Continue
- Enter your email and create a password
- Next to the "I am A", select *Homeowner/ Home Buyer* from the drop-down  
-Continue

### Homeowner/ Home Buyer Registration:

Fill-out and complete homeowner's information

-Save and Continue

### User Service Agreement:

Review terms (some will not apply to homeowners)

-Accept and Continue

### Successfully Registered:

-Continue → You will be transferred to the Log-In Screen

Under 'Existing Users,' enter your newly created username and password

### Control Center Screen:

Click on the words "Evidence of Insurance": Order a Certificate of Insurance

Fill in Homeowners Association Name and Select State\*\*

\*\*You will need to know the association's legal name

-Continue

Next, select the association that best matches

-Continue



Homeowners/ Homebuyers Reason for Certificate:

Select **I have received a letter from my lender requesting an annual update of my insurance policy.** (Your lender may indicate they will be purchasing, or have purchased, insurance on your behalf).

-Continue

Next, you will be asked to input *Borrowers Last Name and Loan Number* to locate your account. If the system does not find your lender's information, then you will be given the opportunity to input that information.

-Fill in required fields and click Continue

Select Delivery Method:

Select preferred method of delivery.

Email or Fax options will both be **free of charge.**

-Continue

Lastly, write the order number at the top of the Lenders Request letter and fax to (208) 379- 4341.

A copy of the Certificate of Liability with the updated mortgagee clause will be sent to your lender, in addition to you as requested.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/5/2024

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).

<b>PRODUCER</b> LaBarre/Oksnee Insurance 30 Enterprise, Suite 180 Aliso Viejo CA 92656	<b>CONTACT NAME:</b> _____		
	<b>PHONE (A/C, No, Ext):</b> 800-698-0711	<b>FAX (A/C, No):</b> 949-588-1275	
<b>E-MAIL ADDRESS:</b> proof@hoa-insurance.com			
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	
<b>INSURED</b> La Solana Condominium Association c/o City Property Management 4645 E Cotton Gin Loop Phoenix AZ 85040	<b>INSURER A:</b> Accelerant National Insurance		10220
	<b>INSURER B:</b> Great American Insurance Co.		16691
	<b>INSURER C:</b> Philadelphia Indemnity Ins. Co		18058
	<b>INSURER D:</b> Federal Insurance		20281
	<b>INSURER E:</b> AmTrust North America		40533
<b>INSURER F:</b> _____			_____

**COVERAGES** **CERTIFICATE NUMBER:** 1252280317 **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.

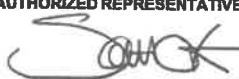
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____	Y		N030PK2432-00	1/18/2024	1/18/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/>			N030PK2432-00	1/18/2024	1/18/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			G74679110	1/18/2024	1/18/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
E	<input type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	VWC3880069	1/18/2024	1/18/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A B C	Property Crime/Fidelity Bond Directors & Officers	Y Y		N030PK2432-00 SAA-554-38-21-4139-18 PCAP019789-0619	1/18/2024 1/18/2024 1/18/2024	1/18/2025 1/18/2025 1/18/2025	Split Deductible \$45,801,013 \$10,000 Deductible 1,300,000 \$2,500 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 252 units. Located in Surprise, 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.

See Attached...

<b>CERTIFICATE HOLDER</b>  City Property Management 4645 E. Cotton Gin Loop Phoenix AZ 85040 USA	<b>CANCELLATION</b>  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 
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**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> LaBarre/Oksnee Insurance		<b>NAMED INSURED</b> La Solana Condominium Association c/o City Property Management 4645 E Cotton Gin Loop Phoenix AZ 85040	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

Single Entity Coverage (Walis In, excluding Improvements and Betterments)

Coverage Includes:  
 Property Deductible is \$10,000 Per Occurrence Except \$25,000 Per Unit for Water / Sewer /Sprinkler Damage  
 Special Form  
 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

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