

**LA SOLANA CONDOMINIUM ASSOCIATION**  
**01/18/2026 – 01/18/2027**

The Association maintains several insurance policies and/or lines of coverage, including General Liability (protects the association from lawsuits arising out of the third-party injuries), Directors & Officers Liability (protects the association from claims or lawsuits against the board), and Fidelity/Crime coverage (protects the money in the bank from fraudulent or dishonest acts). In addition, the Association carries **Property** coverage that protects common areas, residential buildings, and finished interiors. This includes fixtures, built-in or set-in appliances, cabinets, countertops, and basic flooring as originally installed as specified in the original construction plans, **excluding** upgrades, betterments & Improvements. Coverage applies to property damage resulting from covered causes of loss. Examples of covered perils include wind, hail, lightning, fire, vandalism, malicious mischief, explosion, and sudden and sudden accidental water damage. Certain exclusions apply to the master property policy. These exclusions include homeowner personal property, routine maintenance, damage caused by normal wear and tear, pest (vermin) activity, and subsidence.

**The Association's insurance policy includes a \$50,000 deductible for covered perils. Depending on the specific circumstances of the loss, these deductible amounts may become the financial responsibility of the homeowner.**

**What Insurance Coverage does a Unit Owner Need? Guide to HO-6 Condominium Unit Owner's Policy**

- **Personal Property** Coverage with Replacement Cost — This coverage protects your personal belongings, as the Master Association Policy does not extend to Unit Owners' personal property.
- Please inform your personal insurance agent that the Association's policy includes a \$50,000 **deductible** for covered perils. This will help ensure you have appropriate coverage in the event you are held responsible for the deductible or experience a loss within your unit that falls below the deductible amount.
- **Betterments, Improvements or Upgrades to your Unit need to be covered by you as an owner to cover any gaps in coverage in the event of loss.** The association insurance coverage will be limited to "industry standard materials" of like, kind and quality for the replacement of finished flooring, wall coverings, fixtures and cabinets.
- **Loss of Use** coverage reimburses unit owners for necessary living expenses if the unit becomes uninhabitable due to a covered loss. If the condominium is rented to a tenant, this coverage is replaced with **Loss of Rents**, which compensates for rental income lost during the period of uninhabitability.
- **Loss Assessment** coverage pays the unit owner's share of a special assessment imposed as a result of a covered loss that exceeds the limits of the Association's master insurance policy.
- **Personal Liability** pays for bodily injuries to other people or damage to their property if you are liable resulting from unintentional acts committed by qualified family members including sporting activities and acts of your pets.

If you are interested in obtaining an HO-6 (Condominium Unit Owners' Policy), feel free our personal lines contact, Tina Terrell, at 949-215-9803.

**Claims Process**

**Please contact your property manager to report a claim. Your manager will notify our office if a claim needs to be filed.**

**Certificates of Insurance**

If you need a general Certificate of Insurance for the Association, please contact our office at [proof@hoa-insurance.com](mailto:proof@hoa-insurance.com), and we will provide it via email.

For lenders requiring a certificate that includes specific loan details or a mortgagee clause, the necessary documentation can be obtained directly from [www.eoidirect.com](http://www.eoidirect.com).





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/13/2026

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> PHONE (A/C, No, Ext): 800-698-0711      FAX (A/C, No): 949-588-1275 E-MAIL ADDRESS: proof@hoa-insurance.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> La Solana Condominium Association c/o City Property Management 4645 E Cotton Gin Loop Phoenix AZ 85040	INSURER A : Accelerant National Insurance      NAIC # 10220	
	INSURER B : Federal Insurance      20281	
	INSURER C : AmTrust North America      40533	
	INSURER D : Starnet Insurance Company      40045	
	INSURER E : Philadelphia Indemnity Ins. Co      18058	
	INSURER F :	

**COVERAGES**      **CERTIFICATE NUMBER: 911826324**      **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 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		N030PK2432-02	1/18/2026	1/18/2027	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"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			N030PK2432-02	1/18/2026	1/18/2027	COMBINED SINGLE LIMIT (Ea accident)	\$ Included
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			G7524308A	1/18/2026	1/18/2027	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WWC3826631	1/18/2026	1/18/2027	<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	Property			N030PK2432-02	1/18/2026	1/18/2027	\$50,000 Deductible	\$48,925,000
D	Crime/Fidelity Bond	Y		QDR0000437-01	1/18/2026	1/18/2027	\$10,000 Deductible	\$1,300,000
E	Directors & Officers	Y		PCAP019769-0819	1/18/2026	1/18/2027	\$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...

## CERTIFICATE HOLDER

City Property Management  
 4645 E. Cotton Gin Loop  
 Phoenix AZ 85040  
 USA

## CANCELLATION

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

001139

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RD 25 (2016/03)

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## ADDITIONAL REMARKS SCHEDULE

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

**ADDITIONAL REMARKS**

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

Coverage is provided with the following insuring agreement:  
 Single Entity Coverage (Walls In, excluding Improvements and Betterments)

- Coverage Includes:
- Special Form with 100% Replacement Cost for the entire project, including common elements
  - Guaranteed Replacement Cost
  - Property Deductible is Per Occurrence
  - Wind/Hail (excludes direct loss to Trees/Shrubs)
  - Equipment Breakdown
  - Building Ordinance or Law A+B+C
  - Inflation Guard NOT available (limits reviewed annually to ensure 100% Replacement Cost)
  - Severability of Interest / Separation of Insureds
  - Waiver of Rights of Recovery
  - Computer Fraud & Transfer Fraud
  - No Co-Insurance
  - Hired & Non-Owned Auto
  - D&O is a claims-made policy