



# CERTIFICATE OF LIABILITY INSURANCE

THEVI05

OP ID: JS

DATE (MM/DD/YYYY)

05/27/2016

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 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 MD License # 0C84283 30 Enterprise #180 Aliso Viejo, CA 92656 Mike DiNino	<b>CONTACT NAME:</b> LaBarre/Oksnee Insurance		
	<b>PHONE (A/C, No, Ext):</b> 800-698-0711	<b>FAX (A/C, No):</b> 949-588-1275	
<b>E-MAIL ADDRESS:</b>			
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	
<b>INSURER A:</b> Hiscox Insurance Company, Inc.			
<b>INSURED</b> The Village at Anthem Condominium Council of Co-Owners Sentry Management 1414 West Broadway Rd Ste 205 Tempe, AZ 85282	<b>INSURER B:</b> Liberty Mutual Insurance		<b>23043</b>
	<b>INSURER C:</b> Firemans Fund Insurance Co.		<b>21873</b>
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**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
<b>A</b>	<b>X</b> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <b>D&amp;O \$1,000,000</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<b>X</b>		<b>CAP-2541876-16</b> <b>CAP031813-0116</b> <b>CLAIMS MADE</b>	<b>05/20/2016</b> <b>05/20/2016</b>	<b>05/20/2017</b> <b>05/20/2017</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> <b>D&amp;O DED</b> \$ <b>1,000</b> COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			<b>CAP-2541876-16</b>	<b>05/20/2016</b>	<b>05/20/2017</b>	\$ \$ \$ \$
<b>C</b>	<b>X</b> UMBRELLA LIAB <b>X</b> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ <b>0</b>			<b>SUO00024486821-14471-1</b>	<b>05/20/2016</b>	<b>05/20/2017</b>	EACH OCCURRENCE \$ <b>2,000,000</b> AGGREGATE \$ <b>2,000,000</b> \$ PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<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		<b>Y / N</b> <b>N / A</b>				
<b>A</b>	<b>Blanket Property*</b>			<b>CAP-2541876-16</b>	<b>05/20/2016</b>	<b>05/20/2017</b>	<b>5,000 ded</b> <b>23,500,000*</b>
<b>B</b>	<b>Fidelity Bond</b>	<b>X</b>		<b>CAC015268-0116</b>	<b>05/20/2016</b>	<b>05/20/2017</b>	<b>2,500 ded</b> <b>750,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The association has 210 units. Property Coverage is Single Entity (walls-in excluding improvements) and includes \*Guaranteed Replacement Cost\* / Special Form. Building Ordinance or Law Coverage and Severability of Interest included. Mgmt. Co. additional insured on GL, D&O, and Fidelity bond. Located in Anthem, AZ 85086

**CERTIFICATE HOLDER****CANCELLATION**

<b>SENTRY1</b>  <b>Sentry Management</b> <b>1414 West Broadway Rd Ste 205</b> <b>Tempe, AZ 85282</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.
	<b>AUTHORIZED REPRESENTATIVE</b> <b>Mike DiNino</b>

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