



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/20/2025

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> Kierland Greens Condominium Council Of Co-owners c/o Advantage HOA Accounting 16845 N 29th Ave, Ste 1-442 Phoenix AZ 85053-3053	KIERGRE-01		<b>INSURER A :</b> Accelerant National Insurance 10220
			<b>INSURER B :</b> Federal Insurance 20281
			<b>INSURER C :</b> The Hanover Insurance Co. 22292
			<b>INSURER D :</b> Philadelphia Indemnity Ins. Co 18058
			<b>INSURER E :</b> Continental Casualty Company 20443
<b>INSURER F :</b>			

**COVERAGES**

CERTIFICATE NUMBER: 1098898970

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		N030PK0921-03	10/30/2025	10/30/2026	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 GL Deductible \$ \$5,000
A	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			N030PK0921-03	10/30/2025	10/30/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<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			G75210681	10/30/2025	10/30/2026	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	N/A	W2Y-D767739-07	10/30/2025	10/30/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A D E	Property Crime/Fidelity Bond Directors & Officers	Y Y		N030PK0921-03 PCAC012423-0720 618824925	10/30/2025 10/30/2025 10/30/2025	10/30/2026 10/30/2026 10/30/2026	Split Deductible \$49,508,186 \$10,000 Deductible \$2,000,000 \$1,000 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 210 units. Located in Scottsdale, AZ.

Management Company is Additionally Insured on the General Liability, D&amp;O Liability, and Fidelity Bond.

See 2nd page of certificate of insurance for further coverage information.

See Attached...

**CERTIFICATE HOLDER****CANCELLATION**
 Advantage HOA Accounting  
 16845 N 29th Ave, Ste 1-442  
 Phoenix AZ 85053-3053

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**

AGENCY LaBarre/Oksnee Insurance		NAMED INSURED Kierland Greens Condominium Council Of Co-owners c/o Advantage HOA Accounting 16845 N 29th Ave, Ste 1-442 Phoenix AZ 85053-3053	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**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:  
Bare Walls (Interior Coverage Excluded)

\*\*\*SPLIT Deductible Information\*\*\*  
\$10,000 Per Occurrence Deductible Except \$15,000 Per Occurrence Deductible for Water/Sewer Damage

Coverage Includes:  
Special Form with 100% Guaranteed Replacement Cost for the entire project, including common elements  
Guaranteed Replacement Cost  
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