



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/6/2020

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	
INSURED	INSURER A : American Alternative Ins Co. 19720
Saddlebrooke Villas Assn Nos. 35, 35A, Inc. c/o Cadden Community Managemen 1870 W Prince Rd Ste 47 Tucson, AZ 85705	INSURER B : Greenwich Insurance Company 22322
	INSURER C : PMA Insurance Group 12262
	INSURER D : Travelers Insurance Company 25674
	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 type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		CAU503474-3	10/31/2020	10/31/2021	EACH OCCURRENCE \$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 2,000,000
							GENERAL AGGREGATE \$ Included
							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	X		CAU503474-3	10/31/2020	10/31/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			TBA	10/31/2020	10/31/2021	EACH OCCURRENCE \$ 15,000,000
							AGGREGATE \$
	<input checked="" type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ 0						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		2020010390567	10/31/2020	10/31/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$ 2,500,000
							E.L. DISEASE - EA EMPLOYEE \$ 2,500,000
							E.L. DISEASE - POLICY LIMIT \$ 2,500,000
A	Property			CAU503474-3	10/31/2020	10/31/2021	5,000 Ded 39,585,000
D	Crime/Fidelity Bond			106402611	10/31/2020	10/31/2021	0 Ded 450,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 HOA consists of 213 Units. Located in Tucson, 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 Cadden Community Management 1870 W Prince Rd Ste 47 Tucsin, AZ 85705	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
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**ADDITIONAL REMARKS SCHEDULE**

AGENCY LaBarre/Oksnee Insurance		NAMED INSURED Saddlebrooke Villas Assn Nos. 35, 35A, Inc. c/o Cadden Community Managemen 1870 W Prince Rd Ste 47 Tucson, AZ 85705	
POLICY NUMBER SEE PAGE 1			
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**Bare Walls (Interior Coverage Excluded)****Coverage Includes:****Special Form with 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****No Co-Insurance****D&O Liability:****Carrier: American Alternative Insurance Corporation****Policy #CAU503474-3****Policy Term: 10/31/2020 - 10/31/2021****Limit: \$2,000,000****Deductible: \$0****D&O IS CLAIMS-MADE****Earthquake:****Carrier: American Alternative Insurance Corporation****Policy #CAU503474-3****Policy Term: 10/31/2020 - 10/31/2021****Limit: \$40,117,875****Deductible: 5%**

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 FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Volunteer Accident Insurance:
Carrier: QBE Insurance Corporation
Policy #QHH000885
Policy Term: 10/31/2020 - 10/31/2021
Loss of Life Benefit: \$25,000
Deductible: \$0