CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/28/2025

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).

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	NAIC #
INSURER A : American Alternative Ins Co.	19720
INSURER B : Greenwich Insurance Company	22322
INSURER C : PMA Insurance Group	12262
INSURER D :	
INSURER E :	
INSURER F :	

INSURED SADDVIL-03
Saddlebrooke Villas Assn Nos. 35, 35a, Inc.
c/o FirstService Residential Arizona
9000 E Pima Center Pkwy Suite 300
Scottsdale AZ 85258

COVERAGES **CERTIFICATE NUMBER:** 1294547187 **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	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	Y		CAU503474-6	10/31/2025	10/31/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000 $ 1,000,000 $ 5,000 $ 2,000,000 $ Unlimited $ 2,000,000
A	**AUTOMOBILE LIABILITY** ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			CAU503474-6	10/31/2025	10/31/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ Included $ $ $
B	X **UMBRELLA LIAB** OCCUR **EXCESS LIAB** CLAIMS-MADE DED X RETENTION $ 0			PPP7500188	10/31/2025	10/31/2026	EACH OCCURRENCE AGGREGATE	$ 15,000,000 $ 15,000,000
C	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		2025010390567Y	10/31/2025	10/31/2026	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 500,000 $ 500,000 $ 500,000
A C A	Property Crime/Fidelity Bond Directors & Officers	 Y Y		CAU503474-6 4125010390567Y CAU503474-6	10/31/2025 10/31/2025 10/31/2025	10/31/2026 10/31/2026 10/31/2026	*Split Deductible $1,000 Deductible $0 Deductible	$54,124,875 $450,000 $2,000,000

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.

See Attached...

CERTIFICATE HOLDER

FirstService Residential Arizona
9000 E Pima Center Pkwy Suite 300
Scottsdale AZ 85258
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

AGENCY CUSTOMER ID: SADDVIL-03

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY LaBarre/Oksnee Insurance	**NAMED INSURED** Saddlebrooke Villas Assn Nos. 35, 35a, Inc. c/o FirstService Residential Arizona 9000 E Pima Center Pkwy Suite 300 Scottsdale AZ 85258
POLICY NUMBER	
CARRIER / **NAIC CODE**	**EFFECTIVE DATE:**

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)

Coverage Includes:
Special Form with Guaranteed Replacement Cost
Wind/Hail (excludes direct loss to Trees/Shrubs)
Equipment Breakdown
Building Ordinance or Law A+B+C
Inflation Guard OR 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

Earthquake Coverage:
Earthquake Carrier: American Alternative Insurance Corporation
Earthquake Policy Number: CAU503474-6
Policy Term: 10/31/2025 - 10/31/2026
Limit: $25,000,000
Deductible: 5%

Accidental Medical Coverage:
Carrier: Arch Insurance Company
Policy Number: SPR11034309625
Policy Term: 10/31/2025 - 10/31/2026
Loss of Life Benefit: $25,000
Deductible: $0