ACORD [®] C					TIF	DATE (MM/DD/YYYY) 03/06/2018							
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).													
PRODUCER								CONTACT DAN MARSH					
DAN MARSH							PHONE (A/C, No, Ext): 909-608-7000 FAX (A/C, No): 909-608-7004					8-7004	
StateFarm 1407 W FOOTHILL BLVD							E-MAIL ADDRESS: DAN@DANMARSH.NET						
UPLAND, CA 91786							INSURER(S) AFFORDING COVERAGE					NAIC #	
						INSURER A :State Farm General Insurance Company					25151		
INSURED MARLBOROUGH VILLAS HOMEOWNERS						INSURER B :State Farm Fire and Casualty Company 25143					25143		
1855 SAMPSON AVENUE							INSURER C :						
CORONA, CA 92879							INSURER D :						
							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 SUBR			POLICY EFF POLICY EXP			LIMITS			
A				Y	WVD	POLICY NUMBER 92-UR-9645-0		07/15/2017	(MM/DD/YYYY) 07/15/2018	EACH OCCURRENCE DAMAGE TO RENTED	NCE \$ 5,000,00		
		CLAIMS-MADE	X OCCUR							PREMISES (Ea occurrence)	\$		
	<u> </u>									MED EXP (Any one person)	\$		
	<u> </u>									PERSONAL & ADV INJURY	\$		
										GENERAL AGGREGATE	\$	10,000,000	
	X PC	DLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	-		
		HER:								COMBINED SINGLE LIMIT	\$		
									(Ea accident)	\$			
		IY AUTO L OWNED	SCHEDULED							BODILY INJURY (Per person)			
		ITOS	AUTOS NON-OWNED							BODILY INJURY (Per acciden PROPERTY DAMAGE			
	HIF	RED AUTOS	AUTOS							(Per accident)	\$		
											\$		
		IBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$		
	EX	CESS LIAB	CLAIMS-MADE							AGGREGATE	\$		
DED RETENTION \$ B WORKERS COMPENSATION									PER OTH-	\$			
В	AND EM	PLOYERS' LIABILI	TY Y/N							STATUTE ER		1 000 000	
	OFFICEF	OPRIETOR/PARTNE R/MEMBER EXCLUD	R/EXECUTIVE	N / A		92-EK-Q972-7		12/14/2016	12/14/2017	E.L. EACH ACCIDENT	\$	1,000,000	
	If ves. de	ory in NH) escribe under								E.L. DISEASE - EA EMPLOYE		1,000,000	
<u> </u>	DÉSÉRI	PTION OF OPERAT	IONS below							E.L. DISEASE - POLICY LIMIT	- \$	1,000,000	
A BUILDING COVERAGE			Y	Y 92-UR-9645-0 92-UP-7643-9			07/15/2017 07/15/2017	07/15/2018 07/15/2018	\$52,104,800 DEDUCTIBLE 100% Estimated Replacement \$1,500,000				
	FIDELIT	r BOND				02 01 7040 0	01113/2011		¢1,000,000				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) ADDITIONAL INSURED: SO CAL PROPERTY ENTERPRISES, INC. 1855 SAMPSON AVENUE CORONA, CA 92879													
CE	RTIFIC	ATE HOLDER					CANCELLATION						
SO CAL PROPERTY ENTERPRISES, INC. 1855 SAMPSON AVENUE CORONA, CA 92879							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
							Claudia Villasenor						