



CERTIFICATE OF LIABILITY INSURANCE

OP ID: HG

DATE (MM/DD/YYYY)

08/18/11

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 Armstrong/Robitaille/Riegle (Formerly Robco Insurance Svc) 31501 Rancho Viejo Rd #103 San Juan Capistrano, CA 92675		949-487-6131 949-487-6151	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: MISSI08	FAX (A/C, No):
INSURED Mission Homes of Montclair So Cal Prop Enterprises, Inc. 1760 California Ave Suite 101 Corona, CA 92881		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Travelers Property Casualty/Am		
		INSURER B : National Union Fire Ins. Co.		
		INSURER C : Philadelphia Insurance Company		
		INSURER D : Zenith Insurance Company		
		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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			I-680-5053R337-ACJ-11	08/22/11	08/22/12	EACH OCCURRENCE	\$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
B	<input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CAP002884-0210	08/22/11	08/22/12	MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> D&O DED-\$1,000						PERSONAL & ADV INJURY	\$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE						GENERAL AGGREGATE	\$ 4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 4,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						D&O LIMIT	\$ 1,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY			I-680-5053R337-ACJ-11	08/22/11	08/22/12	COMBINED SINGLE LIMIT (Ea accident)	\$ Included
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS							\$
<input checked="" type="checkbox"/> NON-OWNED AUTOS				\$				
	<input type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE							\$
	<input type="checkbox"/> RETENTION \$							\$
D	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			C070471202	12/01/10	12/01/11	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	<input type="checkbox"/> N/A				E.L. EACH ACCIDENT	\$ 1,000,000
	<input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	<input type="checkbox"/> PROP/BLKBLDG/SF/RC			I-680-5053R337-ACJ-11	08/22/11	08/22/12	DED-\$5000	11,973,376
C	<input type="checkbox"/> FIDELITY BOND-CRME			PHSD657007	08/22/11	08/22/12	DED-\$1000	250,000

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

(*) EXCEPT 10-DAY NOTICE OF CANCELLATION FOR NON-PAYMENT OF PREMIUM.

So Cal Property Enterprises, Inc. is an additional insured on the Association's liability, fidelity bond and D&O.

CERTIFICATE HOLDER**CANCELLATION**

EVIDENC EVIDENCE OF COVERAGE So Cal Property Enterprises, Inc. 1760 California Ave, Suite 101 Corona, CA 92881	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 Glenn Robinson
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NOTEPAD

INSURED'S NAME **Mission Homes of Montclair**

MISSION08
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ADDITIONAL COVERAGES

COMPANY A: TRAVELERS CASUALTY COMPANY POLICY #: I-680-5053R337-ACJ-11

EFFECTIVE: 08/22/11-08/22/12

***PROPERTY LIMIT: \$11,973,376 (Travelers Insurance Company replacement cost PLUS feature INCREASES limit by 25% to \$14,966,720).**

***SEWER BACK-UP: \$25,000 Limit**

***ORDINANCE & LAW (CODE UPGRADE): \$250,000 Limit**

***FIDELITY BOND/CRIME COVERAGE: \$25,000 LIMIT~\$5,000 DEDUCTIBLE**