

CERTIFICATE OF LIABILITY INSURANCE

REDLA-4 OP ID: GA

DATE (MM/DD/YYYY) 08/30/2017

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 LaBarre/Oksnee Insurance License # 0C84283 30 Enterprise #180 Aliso Viejo, CA 92656 Brian Linehan		CONTACT LaBarre/Oksnee Insuranc	NAME: Labarre/Oksnee Insurance				
		PHONE (A/C, No, Ext): 800-698-0711	FAX (A/C, No): 949-5	88-1275			
		E-MAIL ADDRESS:	E-MAIL				
		INSURER(S) AFFORDING CO	INSURER(S) AFFORDING COVERAGE				
		INSURER A: QBE Insurance Corporat	INSURER A: QBE Insurance Corporation				
INSURED	Redlands Village HOA c/o So Cal Property Ent. 1855 Sampson Ave Corona, CA 92879	INSURER B: PMA Insurance Group	INSURER B : PMA Insurance Group				
		INSURER C:					
		INSURER D :					
		INSURER E:	INSURER E :				
		INSURER F:	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	NSR TR TYPE OF INSURANCE		ADDL INSD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	Х	COMMERCIAL GENERAL LIABILITY			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	EACH OCCURRENCE	\$ 6,000,000
		CLAIMS-MADE X OCCUR	Х	CAU216889-7	07/08/2017	07/08/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
Α	Х	D&O Liability		CAU216889-7	07/08/2017	07/08/2018	MED EXP (Any one person)	\$ 5,000
		D&O Ded: \$0					PERSONAL & ADV INJURY	\$ 6,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ Unlimited
		POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 6,000,000
		OTHER:					D&O Liab.	\$ 2,000,000
	AUT	TOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 6,000,000
Α	ANY AUTO			CAU216889-7	07/08/2017	07/08/2018	BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
								\$
		UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
		DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-	
В	ANY PROPRIETOR/PARTNER/EXECUTIVE TO N		N/A	2017010596551Y	07/08/2017	07/08/2018	E.L. EACH ACCIDENT	\$ 1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
Α	A Property			CAU216889-7	07/08/2017	07/08/2018	2,500 Ded	95,000*
Α	A Fidelity Bond			CAU216889-7	07/08/2017	07/08/2018	No Ded	145,000

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

The association has 139 units. Common areas only; common elements insured to Guaranteed Replacement Cost. Building Ordinance or Law Coverage included. Management company is additionally insured. *There is an additional \$20,000 in Property coverage for Trees/Shrubs.

CERTIFICATE HOLDER	CANCELLATION			
SOCALPR So Cal Property Enterprises	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
1855 Sampson Ave Corona, CA 92879	AUTHORIZED REPRESENTATIVE Brian Linehan			