



GLENATH-01

AHOOD

# CERTIFICATE OF LIABILITY INSURANCE

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 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).

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| <b>PRODUCER</b> License # 0M10410<br>Armstrong/Robitaille/Riegle Business and Insurance Solutions<br>830 Roosevelt, Suite 200<br>Irvine, CA 92620 | <b>CONTACT NAME:</b><br>PHONE (A/C, No, Ext): (949) 381-7700      FAX (A/C, No): (949) 487-6151<br>E-MAIL ADDRESS: info@ar-ins.com |  |
|   | <b>INSURER(S) AFFORDING COVERAGE</b> NAIC #  |  |
| <b>INSURED</b><br>The Glen at Hillsborough Assn<br>c/o So Cal Enterprise<br>1855 Sampson Avenue<br>Corona, CA 92879                               | <b>INSURER A : Aspen Specialty Insurance Co.</b> 10717   |  |
|   | <b>INSURER B : National Surety Corp</b> 21881  |  |
|   | <b>INSURER C : Pennsylvania Manufacturers Ins. Indemnity Co.</b> 12262   |  |
|   | <b>INSURER D : Philadelphia Indemnity Ins Co</b> 18058   |  |
|   | <b>INSURER E : Liberty Insurance Underwriters</b> 19917  |  |
| <b>INSURER F :</b>  |  |  |

### 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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | CIUCAP002874-03 | 03/02/2018              | 03/02/2019              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| A        | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY  |           |          | CIUCAP002874-03 | 03/02/2018              | 03/02/2019              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$   |
| B        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION \$   |           |          | TBD             | 03/02/2018              | 03/02/2019              | EACH OCCURRENCE \$ 5,000,000<br>AGGREGATE \$ 5,000,000  |
| C        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)    Y/N <input type="checkbox"/> N/A<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           |          | 2018010562553Y  | 03/02/2018              | 03/02/2019              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                               |
| D        | Directors & Officers  |           |          | PCAP009091-0118 | 03/02/2018              | 03/02/2019              | \$10,000 Deductible    1,000,000  |
| E        | Crime   |           |          | CAC017272-0217  | 03/02/2018              | 03/02/2019              | \$25,000 Deductible    3,000,000  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
A. Buildings / Special Form / 100% Replacement Cost - Policy: #CIUCAP002874-03 - Effective: 3/2/2018 - 3/2/2019 - \$44,765,000 Limit - \$5,000 Ded; Association is comprised of 282 Units "Walls In" coverage back to original build; Coverage includes Severability of interest, waiver of subrogation & agreed amount. \*Property Management Company is included in the Fidelity Bond/Crime.

F. Everest Indemnity Insurance Company (75%) and General Security Indemnity Company of Arizona (25%) - Earthquake: Layer 1 - Policy #8400004677171 - Effective: 3/2/2018 - 3/2/2019 - Limit: \$10,000,000 - Deductible: 20%;

G. Houston Casualty Company - Earthquake: Layer 2 - Policy: #H17D3890 - Effective: 3/2/2018 - 3/2/2019 - Limit: \$10,000,000 - Deductible: 20%;

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| <b>CERTIFICATE HOLDER</b><br><br>EVIDENCE OF COVERAGE | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
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