



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/12/2017

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 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 Lake Insurance Agency 653 South B Street, Suite 200 Lic #0747473 Tustin CA 92780		CONTACT NAME: Stacy Grassfield PHONE (A/C, No, Ext): (714)263-3600 E-MAIL ADDRESS: stacy@lakeins.com FAX (A/C, No): (714)838-7568	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Lloyd's of London	
		INSURER B: James River Insurance Co.	
		INSURER C: Westchester Surplus Lines Insurance Company	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED Villa La Verne Homeowners Association c/o So Cal Property Enterprises, Inc. 1855 Sampson Ave Corona CA 92879			

COVERAGES

CERTIFICATE NUMBER: 17-18 GL UMB CRIME

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	Y		GLL-10483-00	12/01/2017	12/01/2018	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						MED EXP (Any one person) \$ 0
	AUTOMOBILE LIABILITY						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			00080382-0	12/01/2017	12/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$
	<input checked="" type="checkbox"/> EXCESS LIAB						BODILY INJURY (Per person) \$
	<input type="checkbox"/> CLAIMS-MADE						BODILY INJURY (Per accident) \$
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						PROPERTY DAMAGE (Per accident) \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				PER STATUTE
	If yes, describe under DESCRIPTION OF OPERATIONS below						OTHER
C				G46842789 001	12/01/2017	12/01/2018	E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

So Cal Property Enterprises, Inc. as Additional Insured under General Liability as required by written contract with Named Insured.

CERTIFICATE HOLDER**CANCELLATION**

So Cal Property Enterprises, Inc. 1855 Sampson Ave. 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. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

12/12/2017

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If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER Lake Insurance Agency 653 South B Street, Suite 200 Lic #0747473 Tustin CA 92780	CONTACT NAME: Stacy Grassfield PHONE (A/C, No, Ext): (714)263-3600 E-MAIL ADDRESS: stacy@lakeins.com PRODUCER CUSTOMER ID: 00011969	FAX (A/C, No): (714)838-7568													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: CIBA Insurance Services</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: CIBA Insurance Services		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
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COVERAGES

CERTIFICATE NUMBER: 17-18 PROP

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Blanket Premise

See Attached Overflow Pages

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INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/> PROPERTY	P00061362	12/1/2017	12/1/2018	BUILDING	\$	
	CAUSES OF LOSS				DEDUCTIBLES	PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC				BUILDING	BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD				5,000	EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL				CONTENTS	RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE				5,000	<input checked="" type="checkbox"/> BLANKET BUILDING	\$ 46,074,875
	<input type="checkbox"/> WIND					BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD					BLANKET BLDG & PP	\$
	<input checked="" type="checkbox"/> Special form					<input checked="" type="checkbox"/> Bl w/ Extra Expense	\$ ALS
	<input checked="" type="checkbox"/> Special form				5,000	<input checked="" type="checkbox"/> Business Personal	\$ 30,000
<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$		
CAUSES OF LOSS					\$		
<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$		
<input type="checkbox"/> CRIME					\$		
TYPE OF POLICY					\$		
<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$		
					\$		
					\$		

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

So Cal Property Enterprises, Inc.

CERTIFICATE HOLDER**CANCELLATION**

So Cal Property Enterprises, Inc.
 1855 Sampson Ave.
 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.

AUTHORIZED REPRESENTATIVE

Patty Allinson/STAGRA