

**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
05/03/2019

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).

|   |  |  |                                      |
|---|--|--|--------------------------------------|
| <b>PRODUCER</b><br>LaBarre/Oksnee Insurance KH<br>License # 0C84283<br>30 Enterprise #180<br>Aliso Viejo, CA 92656<br>Keith Hatch |  | <b>CONTACT NAME:</b> LaBarre/Oksnee Insurance<br><b>PHONE (A/C, No, Ext):</b> 800-698-0711<br><b>FAX (A/C, No):</b> 949-588-1275<br><b>E-MAIL ADDRESS:</b> |                                      |
|   |  | INSURER(S) AFFORDING COVERAGE  |                                      |
|   |  | NAIC #   |                                      |
|   |  | INSURER A :  | Sirius America Insurance 38776       |
|   |  | INSURER B :  | Philadelphia Indemnity Ins. Co 18058 |
|   |  | INSURER C :  | Firemans Fund Insurance Co. 21873    |
|   |  | INSURER D :  | PMA Insurance Group 12262            |
|   |  | INSURER E :  |                                      |
|   |  | INSURER F :  |                                      |
| <b>INSURED</b><br>Sunrise at Parkhill, Inc.<br>c/o So Cal Property Enterprise<br>1855 Sampson Ave<br>Corona, CA 92879             |  |  |                                      |

**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  | X         |          | 2827773               | 05/13/2019              | 05/13/2020              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000   |
| B        | <input checked="" type="checkbox"/> D&O Liability<br>D&O Ret: \$1,000<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER:                                 |           |          | PCAP006246-0218       | 05/13/2019              | 05/13/2020              | MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 3,000,000<br>PRODUCTS - COMP/OP AGG \$<br>D&O Liab \$ 1,000,000  |
| A        | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS |           |          | 2827773               | 05/13/2019              | 05/13/2020              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
| C        | <input checked="" type="checkbox"/> UMBRELLA LIAB<br>EXCESS LIAB<br>DED RETENTION \$  |           |          | SUO00049054554-6338-6 | 05/13/2019              | 05/13/2020              | EACH OCCURRENCE \$ 2,000,000<br>AGGREGATE \$ 2,000,000   |
| D        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           | N/A      | 2019010575878Y        | 05/29/2019              | 05/29/2020              | <input checked="" type="checkbox"/> PER STATUTE<br><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 |
| A        | Property  |           |          | 2827773               | 05/13/2019              | 05/13/2020              | 1,000 Ded 95,000*  |
| A        | Fidelity Bond   | X         |          | 2827773               | 05/13/2019              | 05/13/2020              | 1,000 Ded 100,000**  |

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

The association has 134 units in San Jacinto, CA 92583. Common areas only; common elements insured to 100% Replacement Cost. Building Ordinance or Law Coverage included. Management Company is Additional Insured on the General Liability, D&O Liability, and Bond. \*There is an included sublimit of \$25,000 for Trees/Shrubs. \*\*Computer Fraud/Funds Transfer Fraud included.

**CERTIFICATE HOLDER****CANCELLATION**

|  |  |
|--|--|
| So Cal Property Enterprises,<br>Inc.<br>1855 Sampson Ave<br>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<br>Keith Hatch   |