



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/24/2019

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).

PRODUCER LaBarre/Oksnee Insurance License # 0C84283 30 Enterprise #180 Aliso Viejo, CA 92656 LaBarre/Oksnee Insurance	CONTACT NAME: LaBarre/Oksnee Insurance PHONE (A/C, No, Ext): 800-698-0711 FAX (A/C, No): 949-588-1275 E-MAIL ADDRESS: <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A : Sirius America Insurance</td> <td style="text-align: right;">38776</td> </tr> <tr> <td>INSURER B : Philadelphia Indemnity Ins. Co</td> <td style="text-align: right;">18058</td> </tr> <tr> <td>INSURER C : Liberty Mutual Insurance</td> <td style="text-align: right;">23043</td> </tr> <tr> <td>INSURER D : Firemans Fund Insurance Co.</td> <td style="text-align: right;">21873</td> </tr> <tr> <td>INSURER E : PMA Insurance Group</td> <td style="text-align: right;">12262</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Sirius America Insurance	38776	INSURER B : Philadelphia Indemnity Ins. Co	18058	INSURER C : Liberty Mutual Insurance	23043	INSURER D : Firemans Fund Insurance Co.	21873	INSURER E : PMA Insurance Group	12262	INSURER F :	
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INSURED Hillsborough Collection c/o So Cal Property Enterprise 1855 Sampson Ave 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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		2845513	09/26/2019	09/26/2020	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
B	<input checked="" type="checkbox"/> D&O Liability \$1,000 Ded			PCAP013348-0218	09/26/2019	09/26/2020	MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:							GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ D&O Liab. \$ 1,000,000
A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS			2845513	09/26/2019	09/26/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			SUO00032415325-15238-4	09/26/2019	09/26/2020	EACH OCCURRENCE \$ 2,000,000
							DED RETENTION \$
<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							\$
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A	2019010622365Y	09/26/2019	09/26/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
E.L. DISEASE - POLICY LIMIT \$ 1,000,000							
A	Property			2845513	09/26/2019	09/26/2020	1,000 Ded 315,000*
C	Fidelity Bond		X	CAC021284-0218	09/26/2019	09/26/2020	10K Ded 1,500,000**

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

The association has 214 units in La Mirada, CA 90638. Common areas only; common elements insured to 100% Replacement Cost, Special Form. Includes Building Ordinance or Law Coverage, and Severability of Interest. *Includes a sublimit of \$31,000 for Trees/Shrubs. The Management Company is Additional Insured on the GL, D&O, and the Fidelity Bond.

CERTIFICATE HOLDER**CANCELLATION**

SOCALPR 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 LaBarre/Oksnee Insurance
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**Computer Fraud and Funds Transfer Fraud are included.