



SCOTTOW-01

MCAVOY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/16/2020

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 License # 0M10410 Armstrong/Robitaille/Riegler Business and Insurance Solutions 830 Roosevelt, Suite 200 Irvine, CA 92620	CONTACT NAME: Glenn Robinson PHONE (A/C, No, Ext): (949) 381-7717 FAX (A/C, No): (949) 487-6151 E-MAIL ADDRESS: grobinson@ar-ins.com												
INSURER(S) AFFORDING COVERAGE													
INSURED Scottsdale Townhouses Association, Inc. c/o So Cal Property Enterprises, Inc. 1855 Sampson Ave. Corona, CA 92879	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER A : First Mercury Insurance Company</td> <td style="text-align: right;">NAIC # 10657</td> </tr> <tr> <td>INSURER B : Allied Insurance</td> <td style="text-align: right;">10127</td> </tr> <tr> <td>INSURER C : Greenwich Insurance Company</td> <td style="text-align: right;">22322</td> </tr> <tr> <td>INSURER D : CompWest Insurance Company</td> <td style="text-align: right;">12177</td> </tr> <tr> <td>INSURER E : United States Liability Insurance Company</td> <td style="text-align: right;">25895</td> </tr> <tr> <td>INSURER F : Liberty Mutual Ins. Company</td> <td style="text-align: right;">23043</td> </tr> </table>	INSURER A : First Mercury Insurance Company	NAIC # 10657	INSURER B : Allied Insurance	10127	INSURER C : Greenwich Insurance Company	22322	INSURER D : CompWest Insurance Company	12177	INSURER E : United States Liability Insurance Company	25895	INSURER F : Liberty Mutual Ins. Company	23043
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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="checked" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="checked" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="checked" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GLO-584900	9/16/2019	9/16/2020	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>EACH OCCURRENCE</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">1,000,000</td> </tr> <tr> <td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">50,000</td> </tr> <tr> <td>MED EXP (Any one person)</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">Excluded</td> </tr> <tr> <td>PERSONAL & ADV INJURY</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">1,000,000</td> </tr> <tr> <td>GENERAL AGGREGATE</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">2,000,000</td> </tr> <tr> <td>PRODUCTS - COMP/OP AGG</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">2,000,000</td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> <td></td> </tr> </table>	EACH OCCURRENCE	\$	1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000	MED EXP (Any one person)	\$	Excluded	PERSONAL & ADV INJURY	\$	1,000,000	GENERAL AGGREGATE	\$	2,000,000	PRODUCTS - COMP/OP AGG	\$	2,000,000		\$	
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E	Directors & Officers			CAP1558475	9/16/2019	9/16/2020	\$5,000 Deductible 1,000,000																					
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
G. Building / Special Form / 100% Replacement Cost - TriSura Specialty - Policy #CA091955-0. Policy Period: 9/16/2019 - 9/16/2020 - \$76,376,098 Limit w/ \$10,000 Deductible and Separate \$25,000 Water Damage Deductible 600 Units. Coverage is "BARE WALLS" (Finished Interiors are Excluded). Coverage includes: Severability of interest, Building Ordinance and Law and Equipment Breakdown. Fidelity Bond / Crime policy includes Computer Fraud & Fund Transfer Fraud.

Property Management Company is included as an Additional Insured as respects General Liability, Fidelity Bond and D&O policies.

CERTIFICATE HOLDER <div style="border: 1px solid black; height: 100px; display: flex; align-items: center; justify-content: center;"> EVIDENCE OF COVERAGE </div>	CANCELLATION 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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INSURED

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 c/o So Cal Property Enterprises, Inc.
 1855 Sampson Ave.
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CERTIFICATE HOLDER**CANCELLATION**

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