

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>	DATE (MM/DD/YY) 4/30/21
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<b>PRODUCER</b> Chris DiNino - License #0E41640 235 W. 5th Avenue Suite 110 Escondido, CA 92025 (760) 746-3200	<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>
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<b>INSURED</b> The Heights at Hillsborough c/o So Cal Property Enterprises 1855 Sampson Ave. Corona, CA 92879	<b>INSURERS AFFORDING COVERAGE</b> INSURER A: FARMERS INSURANCE EXCHANGE INSURER B: INSURER C: INSURER D: INSURER E:
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**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSH LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS				
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR _____ _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	606795012	6/1/21	6/1/22	EACH OCCURRENCE \$ 2,000,000				
					FIRE DAMAGE (Any one fire) \$ 75,000				
					MED EXP (Any one person) \$ 5,000				
					PERSONAL & ADV INJURY \$ 2,000,000				
					GENERAL AGGREGATE \$ 4,000,000				
					PRODUCTS - COMP/OP AGG \$ 2,000,000				
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS _____	606795012	6/1/21	6/1/22	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000				
					BODILY INJURY (Per person) \$				
					BODILY INJURY (Per accident) \$				
					PROPERTY DAMAGE (Per accident) \$				
	<b>GAHAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$				
					OTHER THAN EA ACC \$				
					AUTO ONLY: AGG \$				
A	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE _____ _____ DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	606795013	6/1/21	6/1/22	EACH OCCURRENCE \$ 1,000,000				
					AGGREGATE \$ 1,000,000				
					\$				
					\$				
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				<table border="0" style="width:100%;"> <tr> <td style="width:10%;"></td> <td style="width:10%;">WC STATU-TORY LIMITS</td> <td style="width:10%;">OTH-ER</td> <td style="width:10%;"></td> </tr> </table>		WC STATU-TORY LIMITS	OTH-ER	
						WC STATU-TORY LIMITS	OTH-ER		
					E.L. EACH ACCIDENT \$				
					E.L. DISEASE EA EMPLOYEE \$				
E.L. DISEASE - POLICY LIMIT \$									
A	<b>OTHER</b> COMMON AREA PROPERTY COVERAGE	606795012	6/1/21	6/1/22	\$494,500 Total Common Area Property Coverage (149 Units)				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**

A - DIRECTORS & OFFICERS LIABILITY - 606795012 - \$2,000,000 - \$1,000 Deductible  
 A - EMPLOYEE DISHONESTY/FIDELITY - 606795012 - \$450,000 - \$2,000 Deductible  
 G.L. includes Separation of Insureds, Building Ordinance and Equipment Breakdown in the Policy  
 Management Company is additionally insured on the Director's & Officer's and Employee Dishonesty Coverage  
 Computer Fraud and Funds Transfer Fraud are Included

<b>CERTIFICATE HOLDER</b>	ADDITIONAL INSURED; INSURER LETTER: <b>A</b>	<b>CANCELLATION</b>
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So Cal Property Enterprises 1855 Sampson Ave. Corona, CA 92879	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <div style="text-align: right;">4/30/21</div>
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