



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/31/2021

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 <b>Brian Berg Insurance Services (BBIS, Inc.) 25950 Acero, Suite 345 Mission Viejo, CA 92691 Brian Berg</b>	CONTACT NAME: <b>Brian Berg</b>		
	PHONE (A/C, No, Ext): <b>888-791-7069</b>	FAX (A/C, No): <b>877-203-6958</b>	
	E-MAIL ADDRESS:		
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : <b>Travelers Casualty Ins Co of</b>	<b>19046</b>
INSURED <b>Pinetree Village Owners Association So Cal Property Enterprises Inc 1855 Sampson Avenue Corona, CA 92879</b>	INSURER B : <b>National Surety Corporation</b>		<b>21881</b>
	INSURER C : <b>Philadelphia Indemnity Ins Co</b>		<b>18058</b>
	INSURER D : <b>Philadelphia Indemnity Ins Co</b>		<b>18058</b>
	INSURER E : <b>The Hanover American Ins Co</b>		<b>22292</b>
	INSURER F :		

### 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		6800C152264	11/01/2020	11/01/2021	EACH OCCURRENCE \$ <b>2,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>
C	<input checked="" type="checkbox"/> D&O-\$2MM/\$500 Ded			PCAP0144650318	11/01/2020	11/01/2021	MED EXP (Any one person) \$ <b>5,000</b>
							PERSONAL & ADV INJURY \$ <b>2,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ <b>4,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>4,000,000</b>
							\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X		6800C152264	11/01/2020	11/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ <b>2,000,000</b>
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$			USL00656920U126806	11/01/2020	11/01/2021	EACH OCCURRENCE \$ <b>2,000,000</b>
							<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE
							\$
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 <input type="checkbox"/>	N/A	WZYA76696305	11/01/2020	11/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$ <b>1,000,000</b>
							E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b>
							E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
A	Building/Property			6800C152264	11/01/2020	11/01/2021	<b>10,649,849</b>
D	Fidelity Bond	X		PCAC0122150120	11/01/2020	11/01/2021	<b>500,000</b>
							<b>2,500 Ded.</b> <b>250 Ded.</b>

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

\*\*\*125% Extended Replacement Cost\*\*\* Walls in coverage excluding personal belongings & upgrades/betterments\*\*\*Mgmt Co included as named insured\*\*\*40 units\*\*\* Building Ordinance or Law\*\*\* Severability Clause\*\*\* Inflation Guard\*\*\* Boiler & Machinery\*\*\* Work Comp incl Board Members\*\*\* Special Form\*\*\* 30 day cancellation notice, except 10 day for non-payment\*\*\* Wind/Hail Coverage Incl

### CERTIFICATE HOLDER

### CANCELLATION

<b>SOCALPR</b>  <b>So Cal Property Enterprises, Inc.</b> <b>1855 Sampson Avenue</b> <b>Corona, CA 92879</b>	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 <b>Brian Berg</b> <i>Brian Berg</i>