



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/30/2021

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.

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.

Table with 2 main columns: PRODUCER and INSURED. PRODUCER: License # 0M10410, Armstrong/Robitaille/Riegle Business and Insurance Solutions. INSURED: Amador Community Association. Includes contact info for arrinfo@aleragroup.com and a list of insurers (DB Insurance Co. Ltd, Fireman's Fund Insurance Co., etc.) with their NAIC numbers.

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.

Main table with columns: INSR LTR, TYPE OF INSURANCE, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liability, Workers Compensation, Directors & Officers, and Crime.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) (A) Property- DB Insurance Policy #CBP1820385-03 - Effective date: 10/01/2021 - 10/01/2022 - \$30,389,178 Limit - \$5,000 Ded; Association consists of 99 Units; Coverage is "Walls-In" Excluding Improvements.s "- Special Form / Extended Replacement Cost (+25%), 2% Inflation Guard, Building Ordinance, Agreed Amount, & Severability of interest applies.

Table with 2 columns: CERTIFICATE HOLDER and CANCELLATION. Evidence of Coverage and SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Includes a signature for the Authorized Representative.



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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/Riegle Business and Insurance Solutions 830 Roosevelt, Suite 200 Irvine, CA 92620		CONTACT NAME: PHONE (A/C, No, Ext): (949) 381-7700 FAX (A/C, No): (949) 487-6151 E-MAIL ADDRESS: arrinfo@aleragroup.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : DB Insurance Co. Ltd	12502
		INSURER B : Fireman's Fund Insurance Co.	21873
		INSURER C : The Hanover Insurance Company	22292
		INSURER D : Accredited Surety and Casualty Company, Inc.	26379
		INSURER E : ACE American Insurance Company	22667
		INSURER F :	
INSURED Amador Community Association c/o So Cal Enterprise 1855 Sampson Ave Corona, CA 92879			

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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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="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>		CBP1820385-03	10/1/2021	10/1/2022	EACH OCCURRENCE	\$ 2,000,000		
		<input type="checkbox"/> CLAIMS-MADE						<input checked="" type="checkbox"/> OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	
								MED EXP (Any one person)	\$ 5,000		
								PERSONAL & ADV INJURY	\$ 2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE	\$ 4,000,000
	<input type="checkbox"/>	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC								PRODUCTS - COMP/OP AGG	\$ 4,000,000
		OTHER:									\$
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY			CBP1820385-03	10/1/2021	10/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
		<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per person)				\$			
		<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	BODILY INJURY (Per accident)				\$			
				PROPERTY DAMAGE (Per accident)				\$			
								\$			
B	<input checked="" type="checkbox"/>	UMBRELLA LIAB	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	USL00656920U-34467-4	10/1/2021	10/1/2022	EACH OCCURRENCE	\$ 15,000,000		
		EXCESS LIAB						CLAIMS-MADE	AGGREGATE	\$ 15,000,000	
		DED <input checked="" type="checkbox"/>						RETENTION \$ 0		\$	
C	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/>	Y / N N / A	WZY-D714347-03	10/1/2021	10/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER			
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT	\$ 1,000,000	
		If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
										E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	<input checked="" type="checkbox"/>	Directors & Officers	<input checked="" type="checkbox"/>		DC2033197	10/1/2021	10/1/2022	\$ 1,000 Ded	1,000,000		
		E		Crime				ADOCAF158154252	10/1/2021	10/1/2022	\$ 10,000 Ded

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CERTIFICATE HOLDER **CANCELLATION**

So Cal Property Enterprises, Inc. 1855 Sampson Avenue 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 