

CERTIFICATE OF LIABILITY INSURANCE

7/28/2022

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).

If SUBROGATION IS WAIVED, subjet this certificate does not confer rights to							require an endorsement	. A st	atement on	
PRODUCER License # 0M10410					CONTACT NAME:					
Armstrong/Robitaille/Riegle Business and Insurance Solutions 1500 Quail St, Suite #100 Newport Beach, CA 92660					NAME: PHONE (A/C, No, Ext): (949) 381-7700 FAX (A/C, No): (949) 861-9429					
					(A/C, No, Ext): (949) 361-7700 (A/C, No): (949) 661-3429 E-MAIL ADDRESS: arrinfo@aleragroup.com					
									NAIC #	
WALLDED					Decree and the second s				19720	
Victoria Fairways Condominium Association					INSURER B: The Hanover Insurance Company 22292					
C/O So Cal Property Enterprises, Inc.					RC:					
1855 Sampson Ave				INSURE	INSURER D:					
Corona, CA 92879					INSURER E :					
				INSURER F:						
COVERAGES CER	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	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	i		
A X COMMERCIAL GENERAL LIABILITY				6				\$	3,000,000	
CLAIMS-MADE X OCCUR			CAU521468-1-1		8/18/2022	8/18/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	3,000,000 5,000	
							MED EXP (Any one person)	\$	3,000,000	
							PERSONAL & ADV INJURY	\$	3,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:					1		GENERAL AGGREGATE	\$	2 000 000	
X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	3,000,000	
OTHER:							COMPINED ONIOLE LIMIT	\$	0.000.000	
A AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	3,000,000	
ANY AUTO			CAU521468-1-1		8/18/2022	8/18/2023	BODILY INJURY (Per person)	\$		
OWNED SCHEDULED AUTOS								\$		
X HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE	i i						AGGREGATE	\$		
DED RETENTION \$								\$		
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH-ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE			WZYH728481		8/18/2022	8/18/2023	E.L. EACH ACCIDENT	\$	1,000,000	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
A Directors & Officers			CAU521468-1-1		8/18/2022	8/18/2023	\$0 Deductible		1,000,000	
A Crime			CAU521468-1-1		8/18/2022	8/18/2023	\$0 Deductible		150,000	
			*							
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICA Merican Alternative Ins Co Policy# CAUS	LES (ACORI	101, Additional Remarks Sched	ule, may b	e attached if mo	re space is requi	red)			
Policy Property Limit = Guaranteed Replace	emen	t Cos	st w/ \$2,500 Property Dedu	ctible						
Coverage includes Severability of Interest,	Ordin	nance	e or Law, Sewer Backup, E	quipme	ent Breakdow	n. Our record	Is show there are 19 total (units i	n this	
association.	dina I	Bette	rments & Improvements.							
Coverage is All-Inclusive or Walls-in, including Betterments & Improvements. Management Company is listed as additional insured in Liability, Employee Dishonesty and Directors and Officers policies.										
CERTIFICATE HOLDER					CANCELLATION					
						THE 45005			LED DEFECT	
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
Evidence of Coverage					ACCORDANCE WITH THE POLICY PROVISIONS.					
l C	AUTHORIZED REPRESENTATIVE									