

CERTIFICATE OF LIABILITY INSURANCE

JDELUNA

DATE	(MM/DD/YYYY)	
40	14/2022	

AMADCOM-01

CERTIFICATE OF LIADILITY INSURANCE								
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		CONTACT NAME: PHONE (040) 3						
Armstrong/Robitaille/Riegle Business and Insu 1500 Quail St, Suite #100	urance Solutions	(A/C, No, Ext): (949)	381-7700	FAX (A/C, No):	(949) 861-9429			
Newport Beach, CA 92660		E-MAIL ADDRESS: arrinfo@	aleragroup	o.com				
		INS	NAIC #					
		INSURER A : DB Insu			12502			
INSURED Amador Community Association	-	INSURER B : Federa			20281			
c/o So Cal Enterprise		INSURER C : The Ha			22292			
1855 Sampson Ave	-	INSURER D : Philade			18058			
Corona, CA 92879	-		nerican ins	urance Company	22667			
		INSURER F :						
COVERAGES CERTIFIC THIS IS TO CERTIFY THAT THE POLICIES OF	ATE NUMBER:			REVISION NUMBER:				
INDICATED. NOTWITHSTANDING ANY REQUI CERTIFICATE MAY BE ISSUED OR MAY PERT EXCLUSIONS AND CONDITIONS OF SUCH POLIC	REMENT, TERM OR CONDITION TAIN, THE INSURANCE AFFORE CIES. LIMITS SHOWN MAY HAVE	N OF ANY CONTRA DED BY THE POLIC BEEN REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPE	CT TO WHICH THIS			
INSR TYPE OF INSURANCE ADDL INSD	SUBR WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT				
A X COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE	\$ 2,000,000			
CLAIMS-MADE X OCCUR	CBP1820385-04	10/1/2022	10/1/2023	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			
POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AGG	\$ 4,000,000			
				COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000			
ANY AUTO	CBP1820385-04	10/1/2022	10/1/2023	BODILY INJURY (Per person)	\$			
OWNED AUTOS ONLY SCHEDULED AUTOS X HIRED AUTOS ONLY NON-OWNED AUTOS ONLY				BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$\$			
					\$			
B X UMBRELLA LIAB X OCCUR	G7452431A	10/1/2022	10/1/2023	EACH OCCURRENCE	\$ 15,000,000 \$ 15,000,000			
EXCESS LIAB CLAIMS-MADE	G7452431A	10/1/2022	10/1/2023	AGGREGATE	\$ 15,000,000			
DED X RETENTION \$ 0				V PER OTH-	\$			
AND EMPLOYERS' LIABILITY	WZY-D714347-04	10/1/2022	10/1/2023	▲ STATUTE ÉR	¢ 1,000,000			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	WZ1-D714347-04	10/1/2022	10/1/2023	E.L. EACH ACCIDENT	⇒ <u>1 000 000</u>			
(Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE	÷ 1 000 000			
If yes, describe under DESCRIPTION OF OPERATIONS below D Directors & Officers	PCAP036346-0122	10/1/2022	10/1/2023	E.L. DISEASE - POLICY LIMIT \$1,000 Ded	<u>\$</u> 1,000,000			
E Crime	ADOCAF158154252	10/1/2022	10/1/2023	\$10,000 Ded	1,500,000			
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: 10/01/2022 - 10/01/2023 - \$31,350,000 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. Fidelity Bond / Crime policy includes Computer Fraud & Fund Transfer Fraud. *So Cal Enterprise is listed as an Additional Insured as respects the Liability, Fidelity Bond/Crime and Directors and Officers Policies.								
CERTIFICATE HOLDER		CANCELLATION						

Evidence of Coverage

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

Alin Melin

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lf th	s nis	SUBF cer	ROGATION tificate does	IS N not	NAI coi	VED, subje nfer rights t	ct to	the	DITIONAL INSURED, the terms and conditions of ificate holder in lieu of su	the poli ch endo	cy, certain prsement(s)	policies may				
PRO	Dι	JCER	License # 0	M10	410	-				CONTAC NAME:	T					
Arm	s	trong	g/Robitaille/	Rieg	le B	usiness an	d Ins	uran	ce Solutions		Ext): (949) 3	881-7700		FAX (A/C, No):	949) 861-9429	
New	/p	ort E	l St, Suite # Beach, CA 92	2660)					E-MAIL ADDRES	s: arrinfo@	aleragroup		(, , - , - , - ,	,	
	•										INS	SURER(S) AFFO	RDING COVERAGE			NAIC #
										INSURE	RA: DB Insu	urance Co.	Ltd			12502
INSU	IRI	ED								INSURE	в : Federal	Insurance	Company			20281
						nity Associ	ation			INSURE	c : The Ha	nover Insu	rance Company	y		22292
			c/o So Ca 1855 Sar							INSURE	D: Philade	Iphia Inder	nnity Ins Co			18058
			Corona,							INSURE	E: ACE An	nerican Ins	urance Compa	ny		22667
										INSURE	R F :					
CO	VI	ERA	GES			CER	TIFIC	CATE	E NUMBER:				REVISION NUM	BER:		
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INSR LTR			TYPE OF				INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
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			CLAIMS-MA	DE	Χ	OCCUR	X		CBP1820385-04		10/1/2022	10/1/2023	DAMAGE TO RENTE PREMISES (Ea occur	rence)	\$	300,000
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	L												PERSONAL & ADV IN	NJURY	\$	2,000,000
	4	<u>GEN'L</u>	AGGREGATE L		APPLI	ES PER:							GENERAL AGGREGA	ATE	\$	4,000,000
	-			RO- CT		LOC							PRODUCTS - COMP/		\$ \$	4,000,000
Α			MOBILE LIABILI	ТΥ									COMBINED SINGLE (Ea accident)		<u>*</u> \$	1,000,000
	Γ	А	NY AUTO				CBP1820385-04				10/1/2022 10/1/2023	BODILY INJURY (Per		\$		
		C	WNED UTOS ONLY			HEDULED TOS							BODILY INJURY (Per		• \$	
			IRED UTOS ONLY	Χ		N-OWNED TOS ONLY							PROPERTY DAMAGE (Per accident)		\$	
			01000121]	00 01121									\$	
В		Χu	IMBRELLA LIAB		Χ	OCCUR							EACH OCCURRENCI	E	\$	15,000,000
		E	XCESS LIAB	Γ		CLAIMS-MADE			G7452431A		10/1/2022	10/1/2023	AGGREGATE		\$	15,000,000
		D	DED X RET	ENTI	2N \$	0)								\$	
С													X PER STATUTE	OTH- ER		
AND EMPLOYERS' LIABILITY Y/I ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					WZY-D714347-04		10/1/2022	10/1/2023	E.L. EACH ACCIDEN		\$	1,000,000				
				LUDE	=D?		N/A						E.L. DISEASE - EA EI			1,000,000
	lf	yes, c	describe under RIPTION OF OPE										E.L. DISEASE - POLI		• \$	1,000,000
D			tors & Office				Х		PCAP036346-0122		10/1/2022	10/1/2023	\$1,000 Ded			1,000,000
Ε	C	rime	9				X		ADOCAF158154252		10/1/2022	10/1/2023	\$10,000 Ded			1,500,000
DESO	CR Pr	IPTIO oper	N OF OPERATIO	ons / anc	LOC/ e Po	TIONS / VEHIC	LES (/	ACORI 5-03	0 101, Additional Remarks Schedul - Effective date: 10/01/2022	le, may be ? - 10/01/	attached if mor 2023 - \$31,3	e space is requi 50,000 Limit	^{red)} - \$5,000 Ded; As:	sociation	cons	sists of 99

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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

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