SCOTTOW-01

RTONG

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/4/2022

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).

PRODUCER License # 0M10410	CONTACT NAME:					
Armstrong/Robitaille/Riegle Business and Insurance Solutions 1500 Quail St, Suite #100	PHONE (A/C, No, Ext): (949) 381-7700 FAX (A/C, No): (949) 8) 861-9429				
Newport Beach, CA 92660	E-MAIL ADDRESS: arrinfo@aleragroup.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Kinsale Insurance Company	38920				
INSURED	INSURER B : Allied Insurance	10127				
Scottsdale Townhouses Association, Inc.	INSURER C: Greenwich Insurance Company	22322				
c/o So Cal Property Enterprises, Inc. 1855 Sampson Ave.	INSURER D : CompWest Insurance Company	12177				
Corona, CA 92879	INSURER E: Accredited Surety and Casualty Company, Inc. 26379					
	INSURER F: ACE Fire Underwriters	20702				

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 SU	BR	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	X COMMERCIAL GENERAL LIABILITY	INSD W	VD TOLIOT NOMBLIX	(MIM/DD/YYYY)	(MIM/DD/YYYY)	EACH OCCURRENCE	s 1,000,000
	CLAIMS-MADE X OCCUR		01002068970	9/16/2022	9/16/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ Excluded
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:					GENERAL LIABILI	\$ 10,000
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		ACPBA3097670633	3/28/2022	3/28/2023	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
С	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 10,000,000
	X EXCESS LIAB CLAIMS-MADE		PPP7469748L21A-03	9/16/2022	9/16/2023	AGGREGATE	\$ 10,000,000
	DED X RETENTION\$						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	WCV 5501426-05	5/21/2022	5/21/2023	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
E	Directors & Officers		1-SKN-CA-01250562-00	9/16/2022	9/16/2023	\$10,000 Deductible	1,000,000
F	Crime		ADOCAF159484982	9/16/2022	9/16/2023	\$10,000 Deductible	2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
G. Building / Special Form / 100% Replacement Cost - Landmark American Insurance Company/ Kinsale Insurance Company - Policy # LHD429285 / 0100207205-0. Policy Period: 9/16/2022 - 9/16/2023 - \$10M Limit w/ \$100,000 Deductible. 600 Units. Coverage is "BARE WALLS" (Finished Interiors are Excluded). Coverage includes: Severability of Interest, Building Ordinance & Law. Fidelity Bond / Crime policy includes Computer Fraud & Fund Transfer Fraud.

Property Management Company is included as an Additional Insured as respects General Liability, Fidelity Bond and D&O 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

RTONG

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/4/2022

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).

PRODUCER License # 0M10410	CONTACT NAME:					
Armstrong/Robitaille/Riegle Business and Insurance Solutions 1500 Quail St, Suite #100	PHONE (A/C, No, Ext): (949) 381-7700 FAX (A/C, No): (949) 8) 861-9429				
Newport Beach, CA 92660	E-MAIL ADDRESS: arrinfo@aleragroup.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Kinsale Insurance Company	38920				
INSURED	INSURER B : Allied Insurance	10127				
Scottsdale Townhouses Association, Inc.	INSURER C: Greenwich Insurance Company	22322				
c/o So Cal Property Enterprises, Inc. 1855 Sampson Ave.	INSURER D : CompWest Insurance Company	12177				
Corona, CA 92879	INSURER E: Accredited Surety and Casualty Company, Inc. 26379					
	INSURER F: ACE Fire Underwriters	20702				

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.

	XCLUSIONS AND CONDITIONS OF SUCH F					•		
INSR LTR	TYPE OF INSURANCE	ADDL SU	UBR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY			(,	,,	EACH OCCURRENCE	\$ 1	,000,000
	CLAIMS-MADE X OCCUR	Х	01002068970	9/16/2022	9/16/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
						MED EXP (Any one person)	\$	xcluded
						PERSONAL & ADV INJURY	D	,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	D D	,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2	,000,000
	OTHER:					GENERAL LIABILI	\$	10,000
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1	,000,000
	X ANY AUTO		ACPBA3097670633	3/28/2022	3/28/2023	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
С	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 10	,000,000
	X EXCESS LIAB CLAIMS-MADE		PPP7469748L21A-03	9/16/2022	9/16/2023	AGGREGATE	\$ 10	,000,000
	DED X RETENTION\$						\$	
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	WCV 5501426-05	5/21/2022	5/21/2023	E.L. EACH ACCIDENT	\$ 1	,000,000
	(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
Е	Directors & Officers	X	1-SKN-CA-01250562-00	9/16/2022	9/16/2023	\$10,000 Deductible	1	,000,000
F	Crime	X	ADOCAF159484982	9/16/2022	9/16/2023	\$10,000 Deductible	2	,000,000

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

G. Building / Special Form / 100% Replacement Cost - Landmark American Insurance Company/ Kinsale Insurance Company - Policy # LHD429285 / 0100207205-0. Policy Period: 9/16/2022 - 9/16/2023 - \$10M Limit w/ \$100,000 Deductible. 600 Units. Coverage is "BARE WALLS" (Finished Interiors are Excluded). Coverage includes: Severability of Interest, Building Ordinance & Law. Fidelity Bond / Crime policy includes Computer Fraud & Fund Transfer Fraud.

Property Management Company is included as an Additional Insured as respects General Liability, Fidelity Bond and D&O policies.

CERTIFICATE HOLDER	CANCELLATION
So Cal Property Enterprises Inc. 1855 Sampson Ave 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.
COTOIIA, CA 92019	AUTHORIZED REPRESENTATIVE