

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/25/2023

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).

| this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). |   |       |       |   |  |                                     |                                     |  |              |                               |      |
|---|---|-------|-------|---|--|-------------------------------------|-------------------------------------|--|--------------|-------------------------------|------|
| NAI   |   |       |       |   |  | CONTACT<br>NAME:                    |                                     |  |              |                               |      |
| LaBarre/Oksnee Insurance  |   |       |       |   | PHONE (A/C, No, Ext): 800-698-0711 FAX (A/C, No): 949-588-1275   |                                     |                                     |  |              | 3-1275                        |      |
| 30 Enterprise, Suite 180<br>Aliso Viejo CA 92656  |   |       |       |   | E-MAIL<br>ADDRESS: info@hoa-insurance.com  |                                     |                                     |  |              |                               |      |
|   |   |       |       |   | INSURER(S) AFFORDING COVERAGE  |                                     |                                     |  |              | NAIC#                         |      |
|   |   |       |       |   | INSURER A: Lio Insurance   |                                     |                                     |  |              | 40550                         |      |
| INSU  |   |       |       | DIAMRID-05                                  | INSURER B: PMA Insurance Group   |                                     |                                     |  |              | 12262                         |      |
| DIS<br>c/o  | amond Ridge Estates HOA<br>So Cal Property Enterprises, Inc.  |       |       |   | INSURER C : Accredited Surety And Casualty   |                                     |                                     |  |              |                               |      |
|   | 55 Sampson Avenue   |       |       |   | INSURE   | RD:                                 |                                     |  |              |                               |      |
| Co  | rona CÅ 92879   |       |       |   | INSURER E :  |                                     |                                     |  |              |                               |      |
|   |   |       |       |   | INSURER F:   |                                     |                                     |  |              |                               |      |
| CO  | VERAGES CER   | TIFIC | CATE  | NUMBER: 1610710533                          |  |                                     |                                     | REVISION NUM   | /IBER:       |                               |      |
| IN<br>C   | 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  | TYPE OF INSURANCE   | ADDL  | SUBR  |   | DELINIC  | POLICY EFF                          | POLICY EXP                          |  | LIMITS       |                               |      |
| LTR<br>A  | X COMMERCIAL GENERAL LIABILITY  | Y     | WVD   | POLICY NUMBER<br>HOA1000020258-00           |  | (MM/DD/YYYY)<br>4/10/2023           | (MM/DD/YYYY)<br>4/10/2024           | EACH OCCURRENC   |              | \$ 2,000                      | 000  |
|   | CLAIMS-MADE X OCCUR   |       |       |   |  | .,                                  | .,                                  | DAMAGE TO RENTE  | ED           | \$ 100,0                      |      |
|   | CLAIIVIS-IVIADE CCCOR   |       |       |   |  |                                     |                                     | PREMISES (Ea occu<br>MED EXP (Any one p                        |              | \$ 5,000                      |      |
|   |   |       |       |   |  |                                     |                                     | PERSONAL & ADV I   | ·            | \$ 2,000                      |      |
|   | GEN'L AGGREGATE LIMIT APPLIES PER:  |       |       |   |  |                                     |                                     | GENERAL AGGREG   |              | \$4,000                       |      |
|   | X POLICY PRO-<br>JECT LOC   |       |       |   |  |                                     |                                     | PRODUCTS - COMP  |              | \$4,000                       |      |
|   | OTHER:  |       |       |   |  |                                     |                                     | TROBUGIO COMI  |              | \$                            |      |
| Α   | AUTOMOBILE LIABILITY  |       |       | HOA1000020258-00                            |  | 4/10/2023                           | 4/10/2024                           | COMBINED SINGLE<br>(Ea accident)                               | LIMIT        | \$2,000                       | ,000 |
|   | ANY AUTO  |       |       |   |  |                                     |                                     | BODILY INJURY (Pe  | er person)   | \$                            |      |
|   | OWNED SCHEDULED AUTOS ONLY AUTOS  |       |       |   |  |                                     |                                     | BODILY INJURY (Pe  | er accident) | \$                            |      |
|   | X AUTOS ONLY X NON-OWNED AUTOS ONLY   |       |       |   |  |                                     |                                     | PROPERTY DAMAG<br>(Per accident)                               | įΕ           | \$                            |      |
|   | AUTOS ONET  |       |       |   |  |                                     |                                     | (i ei accident)  |              | \$                            |      |
|   | UMBRELLA LIAB OCCUR   |       |       |   |  |                                     |                                     | EACH OCCURRENC   | CE           | \$                            |      |
|   | EXCESS LIAB CLAIMS-MADE   |       |       |   |  |                                     |                                     | AGGREGATE  |              | \$                            |      |
|   | DED RETENTION\$   |       |       |   |  |                                     |                                     |  |              | \$                            |      |
| В   | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY  |       |       | 2023010551804Y                              |  | 4/10/2023                           | 4/10/2024                           | PER<br>STATUTE   | OTH-<br>ER   |                               |      |
|   | ANYPROPRIETOR/PARTNER/EXECUTIVE T/N   | N/A   |       |   |  |                                     |                                     | E.L. EACH ACCIDEN  | NT           | \$ 1,000                      | ,000 |
|   | OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  | N/A   |       |   |  |                                     |                                     | E.L. DISEASE - EA E  | MPLOYEE      | \$ 1,000                      | ,000 |
|   | If yes, describe under DESCRIPTION OF OPERATIONS below  |       |       |   |  |                                     |                                     | E.L. DISEASE - POL   | ICY LIMIT    | \$ 1,000                      | ,000 |
| A<br>A<br>C   | Property<br>Crime<br>Directors & Officers   | Y     |       | HOA1000020258-00<br>HOA1000020258-00<br>TBD |  | 4/10/2023<br>4/10/2023<br>4/10/2023 | 4/10/2024<br>4/10/2024<br>4/10/2024 | \$1,000 Deductible<br>\$1,000 Deductible<br>\$5,000 Deductible |              | \$130,4<br>\$250,4<br>\$1,000 | 000  |
|   | CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE A consists of 76 units. Located in Diame   |       |       |   | le, may be   | attached if more                    | space is require                    | ed)  |              |                               |      |
|   |   |       | ,     |   |  |                                     |                                     |  |              |                               |      |
| Ма  | nagement Company is Additionally Insui  | red o | n the | General Liability, D&O Lia                  | bility, an   | d Fidelity Bo                       | nd.                                 |  |              |                               |      |
| See   | e 2nd page of certificate of insurance for  | furth | er co | verage information.                         |  |                                     |                                     |  |              |                               |      |
|   |   |       |       |   |  |                                     |                                     |  |              |                               |      |
| See Attached  |   |       |       |   |  |                                     |                                     |  |              |                               |      |
| CE  | RTIFICATE HOLDER  |       |       |   | CANC   | ELLATION                            |                                     |  |              |                               |      |
| So Cal Property Enterprises, Inc.<br>1855 Sampson Avenue  |   |       |       |   | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |                                     |                                     |  |              |                               |      |
| Corona CA 92879   |   |       |       |   |  | AUTHORIZED REPRESENTATIVE           |                                     |  |              |                               |      |

| AGENCY | CUSTOMER ID: | DIAMRID-05 |
|--------|--------------|------------|
|--------|--------------|------------|

LOC #:



## **ADDITIONAL REMARKS SCHEDULE**

Page 1 of 1

| AGENCY LaBarre/Oksnee Insurance POLICY NUMBER | NAMED INSURED Diamond Ridge Estates HOA c/o So Cal Property Enterprises, Inc. 1855 Sampson Avenue |                 |  |  |  |
|---|---|-----------------|--|--|--|
| T SEET NOMEEN                                 |   | Corona CA 92879 |  |  |  |
| CARRIER                                       | NAIC CODE   |                 |  |  |  |
|   |   | EFFECTIVE DATE: |  |  |  |
| ADDITIONAL REMARKS                            |   |                 |  |  |  |

|   |                | EFFECTIVE DATE:  |  |  |  |
|---|----------------|--|--|--|--|
| ADDITIONAL REMA   | ARKS           |  |  |  |  |
| THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, |                |  |  |  |  |
| FORM NUMBER: _  | 25             | FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE                                     |  |  |  |
|   |                |  |  |  |  |
|   |                |  |  |  |  |
| Coverage is for COMI                                      | MON ARE        | FAS ONLY   |  |  |  |
|   |                |  |  |  |  |
| Coverage Includes:<br>150% Extended Repla<br>Wind/Hail    | acement (      | Cost   |  |  |  |
| Wind/Hail   |                |  |  |  |  |
| Equipment Breakdow Building Ordinance or                  | n<br>· Law A+E | 3+C  |  |  |  |
| Inflation Guard and/or                                    | limits are     | e reviewed yearly to ensure 100% Replacement Cost                                  |  |  |  |
| Computer Fraud & Fu                                       | inds Tran      | ster Fraud   |  |  |  |
| Waiver of Rights of R                                     | ecovery        |  |  |  |  |
| D&O is a Claims-Mad                                       | le Policy      |  |  |  |  |
| Hired and Non-Owner                                       | d Auto Ĺia     | B+C e reviewed yearly to ensure 100% Replacement Cost ation of Insureds sfer Fraud |  |  |  |
|   |                |  |  |  |  |
|   |                |  |  |  |  |
|   |                |  |  |  |  |
|   |                |  |  |  |  |
|   |                |  |  |  |  |
|   |                |  |  |  |  |
|   |                |  |  |  |  |
|   |                |  |  |  |  |
|   |                |  |  |  |  |
|   |                |  |  |  |  |
|   |                |  |  |  |  |
|   |                |  |  |  |  |
|   |                |  |  |  |  |
|   |                |  |  |  |  |
|   |                |  |  |  |  |
|   |                |  |  |  |  |
|   |                |  |  |  |  |
|   |                |  |  |  |  |
|   |                |  |  |  |  |
|   |                |  |  |  |  |
|   |                |  |  |  |  |
|   |                |  |  |  |  |
|   |                |  |  |  |  |
|   |                |  |  |  |  |
|   |                |  |  |  |  |
|   |                |  |  |  |  |
|   |                |  |  |  |  |
|   |                |  |  |  |  |
|   |                |  |  |  |  |
|   |                |  |  |  |  |
| I   |                |  |  |  |  |