

RTONG

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/22/2023

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.

ti	IT SUBROGATION IS WAIVED, subjecthis certificate does not confer rights to ODUCER License # 0M10410	the	certi	ficate holder in lieu of su	ıch end	lorsement(s)		Toquilo un ondorcomon			
	obucer Electise # oli 10410 mstrong/Robitaille/Riegle Business and	Insu	ıranı	ce Solutions	CONTACT NAME: PHONE (A/C, No, Ext): (949) 381-7700 FAX (A/C, No): (949) 861-9429						
150	00 Quail St, Suite #100 wport Beach, CA 92660			o dolations	(A/C, No E-MAIL ADDRE	_{ss:} arrinfo@	aleragroup		(949)	561-9429	
						INS	URER(S) AFFOR	RDING COVERAGE		NAIC #	
					INSURER A: Travelers Property Casualty of America					25674	
INS	SURED				INSURER B: Great American Insurance Co.					16691	
	Sampson Industrial Park Cor C/O So Cal Property Enterpri			m Association	INSURE	R C :					
	1855 Sampson Ave	ses,	inc.		INSURE						
	Corona, CA 92878				INSURE	RE:					
					INSURE	RF:					
CC	OVERAGES CERT	ΓIFIC	ATE	NUMBER:				REVISION NUMBER:			
II C	THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH F	EQUIF PERT	REME AIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	N OF A	ANY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WITH RESPE	CT TO	WHICH THIS	
INSR LTR	R TYPE OF INSURANCE	ADDL S	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s		
A						,,	<u> </u>	EACH OCCURRENCE	\$	2,000,000	
	CLAIMS-MADE X OCCUR			680-3R809739		9/9/2023	9/9/2024	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	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	4,000,000	
	OTHER:								\$		
Α								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO			680-3R809739		9/9/2023	9/9/2024	BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS CINET							(i oi doordont)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							THE STATE OF THE S	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT			
В				EPPE458274-03		9/9/2023	9/9/2024	\$2,500 Deductible		1,000,000	
Α	Crime			680-3R809739		9/9/2023	9/9/2024	\$2,500 Deductible		100,000	
Trav Fori Con	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL ovelers Policy# 680-3R809739 / Policy Perm/Replacement Cost; Coverage includes imputer Fraud and Funds Transfer Fraud. Operty Management Company is included	eriod: Seve	: 9/9 erabi	/2023 to 9/9/2024; Blanket ility of Interest, Ordinance	Proper or Law	ty Limit \$6,48 , Sewer Backı	39,386; Prope up, 2% Inflati	erty Deductible \$2,500. Spon Guard. Fidelity Bond	pecial policy	includes	
CE	ERTIFICATE HOLDER				CANO	CELLATION					
	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.						
						RIZED REPRESEI	NTATIVE				



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lf th	SU is c	RTANT: If the certificate holde BROGATION IS WAIVED, subject ertificate does not confer rights to	ct to	the	terms and conditions of t	he po	licy, certain p	oolicies may					
PROI	DUCE	ER License # 0M10410				CONTACT NAME:							
Arm	stro	ng/Robitaille/Riegle Business and	d Ins	urand		PHONE (A/C, No, Ext): (949) 381-7700 FAX (A/C, No): (949)					361-9429		
1500 Quail St, Suite #100 Newport Beach, CA 92660						E-MAIL ADDRESS: arrinfo@aleragroup.com							
						INSURER(S) AFFORDING COVERAGE					NAIC #		
						INSURER A: Travelers Property Casualty of America					25674		
INSURED						INSURER B : Great American Insurance Co.					16691		
Sampson Industrial Park Condominium Association						INSURER C:							
		C/O So Cal Property Enterpo 1855 Sampson Ave	rises,	Inc.		INSURE	RD:						
		Corona, CA 92878				INSURER E:							
						INSURER F:							
COVERAGES CERTIFICATE NUMBER:							REVISION NUMBER:						
IN CE	DIC.	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	OF A	NY CONTRAC	CT OR OTHER ES DESCRIB	DOCUMENT WITH RESPE	CT TO	WHICH THIS		
NSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s			
Α	Х	COMMERCIAL GENERAL LIABILITY					`		EACH OCCURRENCE	\$	2,000,000		
		CLAIMS-MADE X OCCUR	Х		680-3R809739		9/9/2023	9/9/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000		
									MED EXP (Any one person)	\$	5,000		
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	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	4,000,000		
	X	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	4,000,000		
			1	1						l			

OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** \$ 9/9/2023 9/9/2024 ANY AUTO 680-3R809739 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY **UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE** AGGREGATE DED RETENTION \$ OTH-ER WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT EPPE458274-03 9/9/2023 9/9/2024 1,000,000 \$2,500 Deductible Directors & Officers X Crime 680-3R809739 9/9/2023 9/9/2024 \$2,500 Deductible 100,000 Α

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Travelers Policy# 680-3R809739 / Policy Period: 9/9/2023 to 9/9/2024; Blanket Property Limit \$6,489,386; Property Deductible \$2,500. Special
Form/Replacement Cost; Coverage includes Severability of Interest, Ordinance or Law, Sewer Backup, 2% Inflation Guard. Fidelity Bond policy includes
Computer Fraud and Funds Transfer Fraud.

Property Management Company is included as Additional Insured as respects the General Liability and Directors & Officers policies.

CERTIFICATE HOLDER	CANCELLATION
So Cal Property Enterprises, Inc. 1855 Sampson Ave. Corona, CA 92878	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, GA 92010	Authorized representative Alm Mulin