

## CERTIFICATE OF LIABILITY INSURANCE

JDELUNA

DATE	(MM/DD/YYYY)	
٩	11/2022	

AMADCOM-01

								-	9	/1/2023	
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.											
lf	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).										
	DUCER License # 0M10410	o une			CONTAC NAME:		•				
Arm	strong/Robitaille/Riegle Business an	d Ins	uran	ce Solutions			381-7700	FAX	(949)	861-9429	
150 Nev	0 Quail St, Suite #100 <sup>~</sup> /port Beach, CA 92660				Solutions PHONE (A/C, No, Ext): (949) 381-7700 FA BORESS: arrinfo@aleragroup.com						
					INSURER(S) AFFORDING COVERAGE NAI						
					INSURE		12502				
INSL	IRED				INSURE	20281					
	Amador Community Associ	atior	1					rance Company		22292	
	c/o So Cal Enterprise 1855 Sampson Ave							nnity Ins Co		18058	
	Corona, CA 92879							urance Company		22667	
					INSURE	R F :					
со	VERAGES CEF	RTIFI	САТІ	E NUMBER:				<b>REVISION NUMBER:</b>		-	
IN C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH		IREM TAIN	ENT, TERM OR CONDITION , THE INSURANCE AFFOR	N OF AI	NY CONTRA	CT OR OTHEF	R DOCUMENT WITH RESP	ЕСТ ТО	WHICH THIS	
INSR LTR		ADDL	SUBF	۲		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs		
A	X COMMERCIAL GENERAL LIABILITY	INSD						EACH OCCURRENCE	\$	2,000,000	
	CLAIMS-MADE X OCCUR			CBP1820385-05		10/1/2023	10/1/2024	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	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ \$	4,000,000	
Α								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
				CBP1820385-05		10/1/2023	10/1/2024	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)			
В									\$	15,000,000	
Б	X UMBRELLA LIAB X OCCUR			G7452431A		10/1/2023	10/1/2024	EACH OCCURRENCE	\$	15,000,000	
	EXCESS LIAB CLAIMS-MADE	_		0740240 IA		10/1/2025	10/1/2024	AGGREGATE	\$	13,000,000	
С	DED X RETENTION \$ C	' 						X PER OTH- STATUTE ER	\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A	4	WZY-D714347-05		10/1/2023	10/1/2024	E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH) If yes, describe under		-					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	DESCRIPTION OF OPERATIONS below Directors & Officers			DCA D026246 0222		40/4/2022	40/4/2024	E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
				PCAP036346-0222		10/1/2023		\$1,000 Ded		1,000,000	
E	Crime			ADOCAF158154252		10/1/2023	10/1/2024	\$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 #CBP1820385-04 - Effective date: 10/01/2023 - 10/01/2024 - \$31,977,000 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.											
CF	RTIFICATE HOLDER				CANC						
	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										

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Alex Melin



JDELUNA

AMADCOM-01

DATE (MM/DD/YYYY)												
9/	1/2023											

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		UCER License # 0M10410				CONTAC NAME:	т					
15	Armstrong/Robitaille/Riegle Business and Insurance Solutions 1500 Quail St, Suite #100 Newport Beach, CA 92660 FAX (A/C, No, Ext): (949) 381-7700 E-MAIL ADDRESs: arrinfo@aleragroup.com											
									RDING COVERAGE			NAIC #
						INSURE		urance Co.				12502
IN	SUR	ED				INSURE	к в : Federal	Insurance	Company			20281
		Amador Community Associa	ation	Ì		INSURE	RC:The Ha	nover Insui	rance Company	V		22292
		c/o So Cal Enterprise 1855 Sampson Ave				INSURER D : Philadelphia Indemnity Ins Co						18058
		Corona, CA 92879				INSURE	RE: ACE AN	nerican Ins	urance Compa	ny		22667
						INSURE	R F :			-		
<u> </u>	ov	ERAGES CER	TIFI	CATE	E NUMBER:				<b>REVISION NUM</b>	BER:		
	INE CE EX	IS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	equ Per Poli	IREMI TAIN, CIES.	ENT, TERM OR CONDITION , THE INSURANCE AFFORD . LIMITS SHOWN MAY HAVE B	IOFA DEDBY	NY CONTRAC THE POLICI EDUCED BY	CT OR OTHEF IES DESCRIB PAID CLAIMS	R DOCUMENT WIT	H RESPE	CT TC	WHICH THIS
IN:	SR [R	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
1	4	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC	E	\$	2,000,000
		CLAIMS-MADE X OCCUR	Х		CBP1820385-05		10/1/2023	10/1/2024	DAMAGE TO RENTE PREMISES (Ea occur	D rence)	\$	300,000
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									PERSONAL & ADV IN	JURY	\$	2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ATE	\$	4,000,000
	-	POLICY PRO- JECT LOC							PRODUCTS - COMP	OP AGG	\$ \$	4,000,000
1	4	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	1,000,000
		ANY AUTO			CBP1820385-05		10/1/2023	10/1/2024	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE		\$	
		OWNED AUTOS ONLY     SCHEDULED AUTOS ONLY       X     HIRED AUTOS ONLY     X									\$ \$	
	_	× ×									\$	15 000 000
"	3	X UMBRELLA LIAB X OCCUR			G7452431A		10/1/2023	10/1/2024	EACH OCCURRENC	E	\$	15,000,000
	ł	EXCESS LIAB CLAIMS-MADE			G/452451A		10/1/2023	10/1/2024	AGGREGATE		\$	15,000,000
									V PER	OTH-	\$	
`	A	NORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			WZY-D714347-05		10/1/2023	10/1/2024	X PER STATUTE	ER		1,000,000
	į	ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A				10/1/2023	10/1/2024	E.L. EACH ACCIDEN		\$	1,000,000
	- 1	f yes, describe under							E.L. DISEASE - EA E			1,000,000
F			v		PCAP036346-0222		10/1/2023	10/1/2024	E.L. DISEASE - POLI \$1,000 Ded	CY LIMIT	\$	1,000,000
	-	Crime	X		ADOCAF158154252		10/1/2023		\$10,000 Ded			1,500,000
	-	Shine	Х		ADOCAI 130134232		10/1/2025	10/1/2024	\$10,000 Deu			1,500,000
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C	ER	TIFICATE HOLDER				CANC	ELLATION					
							ULD ANY OF					

So Cal Property Enterprises, Inc. 1855 Sampson Avenue Corona, CA 92879

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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