RTONG

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

3/4/2024

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 Newport Beach, CA 92660 INSURED The Glen at Hillsborough Assn c/o So Cal Enterprise Property Enterprises, Inc. 1855 Sampson Avenue Corona, CA 92879	PHONE (A/C, No, Ext): (949) 381-7700 FAX (A/C, No): (949) 8	361-9429			
	E-MAIL ADDRESS: arrinfo@aleragroup.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Accelerant National Insurance Company	10220			
	INSURER B: Federal Insurance Company	20281			
	INSURER C: Pennsylvania Manufacturers Ins. Indemnity Co.	12262			
	INSURER D: Philadelphia Indemnity Ins Co	18058			
	INSURER E : ACE Fire Underwriters	20702			
	INSURER F:				

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.

TYPE OF INSURANCE INSD	WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S	
X COMMERCIAL GENERAL LIABILITY		, mimos, i i i i	<u> </u>	EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE X OCCUR	N030PK1313-01	3/2/2024	3/2/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
				MED EXP (Any one person)	\$	5,000
				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:					\$	
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
ANY AUTO	N030PK1313-01	3/2/2024	3/2/2025	BODILY INJURY (Per person)	\$	
					\$	
X HIRED ONLY X NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$	
					\$	
UMBRELLA LIAB X OCCUR				EACH OCCURRENCE	\$	5,000,000
X EXCESS LIAB CLAIMS-MADE	G74551804	3/2/2024	3/2/2025	AGGREGATE	\$	5,000,000
DED X RETENTION\$					s	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				X PER OTH-		
ANY PROPRIETOR/PARTNER/EXECUTIVE	2024010562553Y	3/2/2024	3/2/2025	E.L. EACH ACCIDENT	\$	1,000,000
				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
				E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Directors & Officers	PCAP032986-0322	3/2/2024	3/2/2025	\$10,000 Deductible		1,000,000
Crime	ADOCAF1611313A2	3/2/2024	3/2/2025	\$25,000 Deductible		3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X EXCESS LIAB DED X RETENTIONS O WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Directors & Officers	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X HOPE UMBRELLA LIAB CLAIMS-MADE X EXCESS LIAB CLAIMS-MADE G74551804 G74551804 G74551804 COCUR X EXCESS LIAB CLAIMS-MADE OWORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under Uf yes, describe under Uf yes, describe under Uf yes, describe under DESCRIPTION OF OPERATIONS below Directors & Officers N030PK1313-01 N030PK1313-01	CLAIMS-MADE X OCCUR M030PK1313-01 3/2/2024 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY X HORO UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OMERICAN COMPENSATION AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILIT	CLAIMS-MADE X OCCUR M030PK1313-01 3/2/2024 3/2/2025 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X MONOWNED AUTOS ONLY UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED X RETENTION'S OWNED AUTOS ONLY OWNERES COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) I Yes, describe under DESCRIPTION OF OPERATIONS below Directors & Officers N030PK1313-01 3/2/2024 3/2/2025 AUTOS AUTOS AUT	CLAIMS-MADE X OCCUR N030PK1313-01 3/2/2024 3/2/2025 DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCTS - COMPIOP AGG OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS AUTOS ONLY AUTOS AUTOS ONLY X NON-OWNED AUTOS WORKED COMPRESS COMPENSATION DED X RETENTIONS OWORKERS COMPENSATION OWORKERS COMPENSATION	CLAIMS-MADE X OCCUR N030PK1313-01 3/2/2024 3/2/2025 DAMAGE TO RENTED SEMENTED PREMISES (Ea occurrence) S MED EXP (Any one person) S GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCTS - COMP/OP AGG S OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY X HOLOS ONLY X AUTOS ONLY AUTOS ONLY X AUTOS ONLY WERE EXPLOYED AND SEMENTED SINGLE LIMIT (Ea acodent) S BODILY INJURY (Per person) S BODILY INJURY (Per person) S BODILY INJURY (Per acodent) S PROPERTY DAMAGE (Per acodent) S BODILY INJURY (Per acodent) S BODILY INJURY (Per acodent) S PROPERTY DAMAGE (Per acodent) S AUTOS ONLY X EXCESS LIAB CLAIMS-MADE DED X RETENTIONS O WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETE TORPARTHER/EXECUTIVE OF THE ACH ACCIDENT S EL CACH ACCIDENT S EL DISEASE - POLICY LIMIT S

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

A. Buildings / Special Form / Guaranteed Replacement Cost - Accelerant National - Policy #N030PK1313-01 - Effective: 3/2/2024 - 3/2/2025 - \$69,525,000 Limit - \$25,000 Ded. Association Consists of 282 Units "Walls In" coverage back to original build; Coverage includes Severability of Interest, Building Ordinance, Waiver of Subrogation & Agreed Amount. Fidelity Bond / Crime policy includes Computer Fraud & Fund Transfer Fraud. Inflation Guard Included.

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

F. Palomar Excess & Surplus - Earthquake Policy# PE704848 - Effective: 3/2/2024 - 3/2/2025 - \$20,000,000 Limit - 20% Ded;

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 Alm Milin

OFFICIAL HOLDER

ACORD