



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/30/2021

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).

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|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--|--------------------------------------|
| PRODUCER License # 0M10410 Armstrong/Robitaille/Riegle Business and Insurance Solutions 830 Roosevelt, Suite 200 Irvine, CA 92620 | CONTACT NAME: PHONE (A/C, No, Ext): (949) 381-7700 | | FAX (A/C, No): (949) 487-6151 |
| | E-MAIL ADDRESS: arrinfo@aleragroup.com | | |
| INSURER(S) AFFORDING COVERAGE | | | NAIC # |
| INSURED The Gallery HOA c/o So Cal Property Enterprises, Inc. 1855 Sampson Ave Corona, CA 92879 | INSURER A : Travelers Property Casualty of America | | 25674 |
| | INSURER B : National Surety Corp | | 21881 |
| | INSURER C : Pennsylvania Manufacturers Ins. Indemnity Co. | | 12262 |
| | INSURER D : Accredited Surety and Casualty Company, Inc. | | 26379 |
| | 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.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|----------------------|-------------------------|-------------------------|---------------------------------------------------------------------------------|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | 680-6K540504-21 | 4/10/2021 | 4/10/2022 | EACH OCCURRENCE \$ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 |
| | | | | | | | MED EXP (Any one person) \$ 5,000 |
| | | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | | | | | | | \$ |
| A | <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | 680-6K540504-21 | 4/10/2021 | 4/10/2022 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | | | | | | | BODILY INJURY (Per person) \$ |
| | | | | | | | BODILY INJURY (Per accident) \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | \$ |
| B | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0 | | | USL00656920U-29162-4 | 4/10/2021 | 4/10/2022 | EACH OCCURRENCE \$ 15,000,000 |
| | | | | | | | AGGREGATE \$ 15,000,000 |
| | | | | | | | \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input type="checkbox"/> N / A If yes, describe under DESCRIPTION OF OPERATIONS below | | | 2021010596924Y | 4/10/2021 | 4/10/2022 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
| | | | | | | | E.L. EACH ACCIDENT \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| D | Directors & Officers | | | DC2133900 | 4/10/2021 | 4/10/2022 | \$1,000 Deductible 1,000,000 |
| E | Crime | | | ADOCAF159746672 | 4/10/2021 | 4/10/2022 | \$10,000 Deductible 2,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
A. Building / Special Form / Replacement Cost - Travelers Policy #680-6K540504-21 - Effective: 4/10/2021 - 4/10/2022 - Limit: \$39,200,507 - Deductible: \$10,000; Association consists of 164 Units; "Walls In" Including Betterments and Improvements; Coverage includes: Severability of interest, Building Ordinance and Law. 2% Inflation Guard. 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.

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| CERTIFICATE HOLDER EVIDENCE OF COVERAGE | CANCELLATION 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  |