

CERTIFICATE OF LIABILITY INSURANCE

3/31/2023

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.

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

tl	nis certificate does not confer rights t	ot to	cert	terms and conditions of ificate holder in lieu of su	the po	licy, certain lorsement(s)	policies may	require an endorsemen	t. A st	atement on	
PRODUCER License # 0M10410						CONTACT NAME:					
Armstrong/Robitaille/Riegle Business and Insurance Solutions 1500 Quail St, Suite #100						PHONE (A/C, No, Ext): (949) 381-7700 FAX (A/C, No): (949) 861-9429					
Newport Beach, CA 92660						E-MAIL ADDRESS: arrinfo@aleragroup.com					
						INSURER(S) AFFORDING COVERAGE NAIC #					
						INSURER A: Travelers Indemnity Company of Connecticut			icut	25682	
INSURED						INSURER B : Federal Insurance Company 20281					
Ranch of the Sun						INSURER C : Pennsylvania Manufacturers Ins. Indemnity Co. 12					
c/o SoCal Prop Enterprises Inc 1855 Sampson Avenue					INSURER D : Philadelphia Indemnity Ins Co				18058		
Corona, CA 92879					INSURE		ipina maoi	mity mo oo		10000	
						RF:			-		
СО	VERAGES CER	CATE	E 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		INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
·A	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			6800J508098		4/10/2023	4/10/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000	
_	OTHER:								\$		
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO			6800J508098		4/10/2023	4/10/2024	BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS								\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
_									\$		
В	X UMBRELLA LIAB X OCCUR						Marie Carreno de La	EACH OCCURRENCE	\$	5,000,000	
	EXCESS LIAB CLAIMS-MADE			ТВА		4/10/2023	4/10/2024	AGGREGATE	\$	5,000,000	
	DED X RETENTION\$ 0			6					\$		
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					STEAR ST MICHOEL ST C		X PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		2023010563775Y		4/10/2023	4/10/2024	E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH) If yes, describe under		1					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
_	DÉSCRIPTION OF OPERATIONS below								\$	1,000,000	
D	Directors & Officers			PCAP033706-0222		4/10/2023		\$1,000 Deductible		1,000,000	
С	Crime			4123010563775Y		4/10/2023	4/10/2024	\$1,000 Deductible		350,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACCORD 101, Additional Remarks Schedule, may be attached if more space is required) A - Blanket Building / Special Form / 100% Replacement Cost - Policy #680-0J508098 - Effective: 4/10/2023 - 4/10/2024 - \$22,345,932 Limit - \$5,000 Deductible; Association is comprised of 98 Units; "Bare Walls" Coverage includes: Code Upgrade / Ordinance, 2% Inflation Guard & Severability of interest. Property Management company is named as additional insured with respects to General Liability, Fidelity & Director and Officers liability as property managers for the named insured.											
CE	PTIEICATE HOLDER		CANO	OANGELLATION							
CERTIFICATE HOLDER CANC							ANCELLATION				
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					