

ACORD™ CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YY)
6/1/23

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| PRODUCER Chris DiNino - License #0E41640 2100 Palomar Airport Road, Suite 214 Carlsbad, CA 92011 (760) 746-3200 | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. |
| INSURED The Heights at Hillsborough c/o So Cal Property Enterprises 1855 Sampson Ave. Corona, CA 92879 | INSURERS AFFORDING COVERAGE INSURER A: FARMERS INSURANCE EXCHANGE INSURER B: INSURER C: INSURER D: INSURER E: |

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSH LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|----------|--|---------------|----------------------------------|-----------------------------------|---|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | 606795012 | 6/1/23 | 6/1/24 | EACH OCCURRENCE \$ 2,000,000 |
| | | | | | FIRE DAMAGE (Any one fire) \$ 75,000 |
| | | | | | MED EXP (Any one person) \$ 5,000 |
| | | | | | PERSONAL & ADV INJURY \$ 2,000,000 |
| | | | | | GENERAL AGGREGATE \$ 4,000,000 |
| | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | | | | | |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | 606795012 | 6/1/23 | 6/1/24 | COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 |
| | | | | | BODILY INJURY (Per person) \$ |
| | | | | | BODILY INJURY (Per accident) \$ |
| | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | GAHAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ |
| | | | | | OTHER THAN AUTO ONLY: EA ACC \$ |
| | | | | | AGG \$ |
| A | EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000 | 606795013 | 6/1/23 | 6/1/24 | EACH OCCURRENCE \$ 1,000,000 |
| | | | | | AGGREGATE \$ 1,000,000 |
| | | | | | \$ |
| | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | WC STATUTORY LIMITS OTHER |
| | | | | | E.L. EACH ACCIDENT \$ |
| | | | | | E.L. DISEASE EA EMPLOYEE \$ |
| | | | | | E.L. DISEASE - POLICY LIMIT \$ |
| A | OTHER COMMON AREA PROPERTY COVERAGE | 606795012 | 6/1/23 | 6/1/24 | \$555,100 Total Common Area Property Coverage (149 Units) |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

A - DIRECTORS & OFFICERS LIABILITY - 606795012 - \$2,000,000 - \$1,000 Deductible
 A - EMPLOYEE DISHONESTY/FIDELITY - 606795012 - \$650,000 - \$2,500 Deductible
 G.L. includes Separation of Insureds, Building Ordinance and Equipment Breakdown in the Policy
 Management Company is additionally insured on the Director's & Officer's and Employee Dishonesty Coverage
 Computer Fraud and Funds Transfer Fraud are Included

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| CERTIFICATE HOLDER So Cal Property Enterprises 1855 Sampson Ave. Corona, CA 92879 | ADDITIONAL INSURED; INSURER LETTER: A CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <div style="text-align: right;">6/1/23</div> |
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