

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 8/17/2023

RTONG

VICTFAI-01

|  |   |   |                      |  |                   |  |               |  |            | 0/       | 17/2023    |  |
|--|---|---|----------------------|--|-------------------|--|---------------|--|------------|----------|------------|--|
| C<br>B   | HIS CERTIFICATE IS ISSUED AS A<br>ERTIFICATE DOES NOT AFFIRMATI<br>ELOW. THIS CERTIFICATE OF INS<br>EPRESENTATIVE OR PRODUCER, AN   | VELY<br>SURAN   | OR<br>ICE            | NEGATIVELY AMEND,<br>DOES NOT CONSTITU   | EXTE              | ND OR ALT  | ER THE CO     | OVERAGE AFFO                                 | RDED B     | BY TH    | E POLICIES |  |
| lf   | MPORTANT: If the certificate holder<br>SUBROGATION IS WAIVED, subject<br>his certificate does not confer rights to  | t to t  | he t                 | terms and conditions of  | the pol           | icy, certain   | policies may  |  |            |          |            |  |
|  | DUCER License # 0M10410   |   | CILI                 | incate fielder in fied of 30   |                   |  | •             |  |            |          |            |  |
|  |   | CONTACT<br>NAME:<br>PHONE<br>(A/C, No, Ext): (949) 381-7700<br>FAX<br>(A/C, No): (949) 861-9429 |                      |  |                   |  |               |  |            |          |            |  |
| Armstrong/Robitaille/Riegle Business and Insurance Solutions<br>1500 Quail St, Suite #100<br>Newport Beach, CA 92660 |   |   |                      |  |                   | PHONE<br>(A/C, No, Ext):         (949)         381-7700         FAX<br>(A/C, No):         (949)         8           E-MAIL<br>ADDRESS:         arrinfo@aleragroup.com         6< |               |  |            |          |            |  |
|  |   |   |                      |  |                   |  |               |  |            |          |            |  |
|  |   | <b>INSURER A : American Alternative Insurance Corporation</b>                                   |                      |  |                   |  | 19720         |  |            |          |            |  |
| INSURED<br>Victoria Fairways Condominium Association   |   |   |                      |  |                   | INSURER B : The Hanover Insurance Company  |               |  |            |          | 22292      |  |
|  |   |   |                      |  |                   | INSURER C :  |               |  |            |          |            |  |
| C/O So Cal Property Enterprises, Inc.  |   |   |                      |  |                   |  |               |  |            |          |            |  |
| 1855 Sampson Ave<br>Corona, CA 92879   |   |   |                      |  | INSURER D :       |  |               |  |            |          |            |  |
|  | Corona, CA 92079  |   | INSURER E :          |  |                   |  |               |  |            |          |            |  |
|  |   | INSURER F :   |                      |  |                   |  |               |  |            |          |            |  |
| <u>_co</u>   | VERAGES CER   | TIFICA  | <b>ATE</b>           | NUMBER:  |                   |  |               | REVISION NUM                                 | BER:       |          | ]          |  |
|  | HIS IS TO CERTIFY THAT THE POLICIE<br>IDICATED. NOTWITHSTANDING ANY R<br>ERTIFICATE MAY BE ISSUED OR MAY<br>XCLUSIONS AND CONDITIONS OF SUCH  | EQUIRI<br>PERTA   | EME<br>AIN,          | NT, TERM OR CONDITION<br>THE INSURANCE AFFOR                                   | N OF A<br>DED BY  | NY CONTRA  | CT OR OTHER   | R DOCUMENT WITH                              | H RESPE    | CT TO    | WHICH THIS |  |
| INSR   |   | ADDL SU   |                      | POLICY NUMBER  |                   | POLICY EFF   | POLICY EXP    |  | LIMITS     | s        |            |  |
|  | X COMMERCIAL GENERAL LIABILITY  | INSD W  | עעע                  | 1 OLIOT NOMBER   |                   | (א א א א עט/אואו)  | (MM/DD/YYYY)  |  |            |          | 3,000,000  |  |
|  |   |   |                      | CALIFO4 400  |                   | 0/4 0/2022   | 0/40/0004     | EACH OCCURRENC                               |            | \$       | 3,000,000  |  |
|  | CLAIMS-MADE X OCCUR   |   |                      | CAU521468  |                   | 8/18/2023  | 8/18/2024     | DAMAGE TO RENTE<br>PREMISES (Ea occur        | rence)     | \$       | 5,000      |  |
|  |   |   |                      |  |                   |  |               | MED EXP (Any one p                           | erson)     | \$       | -          |  |
|  |   |   |                      |  |                   |  |               | PERSONAL & ADV IN                            | JURY       | \$       | 3,000,000  |  |
|  | GEN'L AGGREGATE LIMIT APPLIES PER:  |   |                      |  |                   |  |               | GENERAL AGGREG                               | ATE        | \$       |            |  |
|  | X POLICY PRO-<br>JECT LOC   |   |                      |  |                   |  |               | PRODUCTS - COMP                              | OP AGG     | \$       | 3,000,000  |  |
|  | OTHER:  |   |                      |  |                   |  |               |  |            | \$       |            |  |
| Α  |   |   |                      |  |                   |  |               | COMBINED SINGLE                              | LIMIT      | \$       | 3,000,000  |  |
|  |   |   |                      | CAU521468  |                   | 8/18/2023  | 8/18/2024     | (Ea accident)                                |            | Ψ        |            |  |
|  | OWNED SCHEDULED   |   |                      | CAUJ21400  |                   | 0/10/2023  | 0/10/2024     | BODILY INJURY (Per                           |            | \$       |            |  |
|  |   |   |                      |  |                   |  |               | BODILY INJURY (Per                           |            | \$       |            |  |
|  | X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY   |   |                      |  |                   |  |               | PROPERTY DAMAGI<br>(Per accident)            | -          | \$       |            |  |
|  |   |   |                      |  |                   |  |               |  |            | \$       |            |  |
|  | UMBRELLA LIAB OCCUR   |   |                      |  |                   |  |               | EACH OCCURRENC                               | E          | \$       |            |  |
|  | EXCESS LIAB CLAIMS-MADE   |   |                      |  |                   |  |               | AGGREGATE                                    |            | \$       |            |  |
|  | DED RETENTION \$  |   |                      |  |                   |  |               |  |            | \$       |            |  |
| В  | WORKERS COMPENSATION  |   |                      |  |                   |  |               | X PER<br>STATUTE                             | OTH-<br>ER | •        |            |  |
|  |   |   | 1                    | WZYH728481   |                   | 8/18/2023  | 8/18/2024     |  |            | ¢        | 1,000,000  |  |
|  | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?   | N / A   |                      |  |                   |  |               | E.L. EACH ACCIDEN                            |            | \$       | 1,000,000  |  |
|  | If yes, describe under  |   |                      |  |                   |  |               | E.L. DISEASE - EA E                          | MPLOYEE    | \$       | 1,000,000  |  |
| •  | DESCRIPTION OF OPERATIONS below Directors & Officers  |   |                      | CAU521468  |                   | 8/18/2023  | 8/18/2024     | E.L. DISEASE - POLI<br><b>\$0 Deductible</b> |            | \$       | 1,000,000  |  |
| A  |   |   |                      |  |                   |  |               | • • • • • • • • •                            |            |          |            |  |
| A  | Crime   |   |                      | CAU521468  |                   | 8/18/2023  | 8/18/2024     | \$0 Deductible                               |            |          | 150,000    |  |
| Poli<br>Cov<br>asso<br>Cov   | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL<br>erican Alternative Ins Co Policy# CAU52<br>cy Property Limit = Guaranteed Replace<br>erage includes Severability of Interest, (<br>ociation.<br>erage is All-Inclusive or Walls-in, includ<br>agement Company is listed as additiona | ment C<br>Ordinai<br>ing Bei  | Cost<br>nce<br>ttern | w/ \$10,000 Property Dedu<br>or Law, Sewer Backup, Ec<br>nents & Improvements. | uctible<br>quipme | nt Breakdow  | n. Our record |  | 19 total t | units ir | 1 this     |  |
| CE   | RTIFICATE HOLDER  |   |                      |  | CANC              |  |               |  |            |          |            |  |
|  |   |   |                      |  |                   |  |               |  |            |          |            |  |
| Evidence of Coverage   |   |   |                      |  |                   | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS.   |               |  |            |          |            |  |
|  |   |   |                      |  |                   | AUTHORIZED REPRESENTATIVE  |               |  |            |          |            |  |

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