



# CERTIFICATE OF LIABILITY INSURANCE

PINET98

OP ID: BB

DATE (MM/DD/YYYY)  
12/05/2023

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.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 Brian Berg Insurance Services (BBIS, Inc.) 25950 Acero, Suite 345 Mission Viejo, CA 92691	CONTACT NAME: <b>Brian Berg</b>	FAX (A/C, No): <b>877-203-6958</b>
	PHONE (A/C, No, Ext): <b>888-791-7069</b>	
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED <b>Pinetree Village Owners Association So Cal PropertyEnterprises Inc 1855 Sampson Avenue Corona, CA 92879</b>	INSURER A : <b>DB Insurance Co., Ltd.</b>	<b>12502</b>
	INSURER B : <b>SiriusPoint Specialty Ins Corp</b>	<b>16820</b>
	INSURER C : <b>Philadelphia Indemnity Ins Co</b>	<b>18058</b>
	INSURER D : <b>Liberty Mutual Ins Co</b>	<b>23043</b>
	INSURER E : <b>The Hanover American Ins Co</b>	<b>36064</b>
	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	X		CBP222025301	11/01/2023	11/01/2024	EACH OCCURRENCE \$ <b>2,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>
C	<input checked="" type="checkbox"/> D&O-\$2MM/\$500 Ded GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PCAP0144650618	11/01/2023	11/01/2024	MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>2,000,000</b> GENERAL AGGREGATE \$ <b>4,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>4,000,000</b>
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X		CBP222025301	11/01/2023	11/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ <b>2,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$			XUMB22011037	11/01/2023	11/01/2024	EACH OCCURRENCE \$ <b>2,000,000</b> AGGREGATE \$ <b>2,000,000</b>
E	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WZYA76696308	11/01/2023	11/01/2024	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
A	<b>Building/Property</b>	X		CBP222025301	11/01/2023	11/01/2024	<b>11,909,040</b>
D	<b>Fidelity Bond</b>	X		TCAC693403	11/01/2023	11/01/2024	<b>500,000</b> <b>250 Ded.</b>

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

Association includes 40 units. Located in Anaheim, CA.  
Management Company included as Named Insured on General Liability, Directors & Officers and Fidelity Bond policies. See 2nd page of certificate for additional coverages.

**CERTIFICATE HOLDER****CANCELLATION**

POPULAR BANK Popular Association Banking Servicing Department 7900 Miami Lakes Dr West #101 Miami Lakes, FL 33016	POP BANK	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 

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## COVERAGE NOTES:

Popular Association Bank  
Loan # 70070C07809-00001

125% Extended Replacement Cost  
Walls in Coverage excluding personal belongings/betterments/improvements  
Special Form  
Severability Clause  
Building Ordinance or Law - A, B & C Included  
Inflation Guard  
Boiler & Machinery/Equipment Breakdown  
Waiver of Subrogation  
No Co-Insurance  
Wind/Hail coverage  
Work Comp includes Board Members  
30 day cancellation notice  
10 day cancellation notice for non-payment