

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/27/2024

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.

| ti | nıs certi | OGATION IS WAIVED, subject ficate does not confer rights to | ct to the the certi | terms and conditions of ficate holder in lieu of su | the pouch | licy, certain lorsement(s) | policies may | require an endor | sement. As | tatement on | |
|--|--------------------------------|---|-----------------------------------|---|---|---|----------------------------|---------------------------------------|------------|-------------|--|
| PRODUCER License # 0M10410 | | | | | | CONTACT NAME: | | | | | |
| Arn 150 | nstrong/ 0 Quail | Robitaille/Riegle Business and St, Suite #100 | d Insuranc | ce Solutions | 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 : LIO Insurance | | | | 40550 | |
| INSURED | | | | | INSURER B: Homesite Insurance Company | | | | 17221 | | |
| Whittier Isles II c/o So Cal Property Enterprises, | | | | e Inc | | INSURER C : Pennsylvania Manufacturers Ins. Indemnity Co. | | | | | |
| 1855 Sampson Ave Corona, CA 92879 | | | | | INSURER D: Philadelphia Indemnity Ins Co | | | | | 18058 | |
| | | | | | INSURER E : | | | | | | |
| | | | | | | INSURER F: | | | | | |
| COVERAGES CERTIFICATE NUMBER: | | | | | | REVISION NUMBER: | | | | | |
| C E | NDICATE ERTIFICA XCLUSIO | O CERTIFY THAT THE POLICIED. NOTWITHSTANDING ANY RATE MAY BE ISSUED OR MAY DNS AND CONDITIONS OF SUCH | EQUIREME PERTAIN, POLICIES. | ENT, TERM OR CONDITION THE INSURANCE AFFOR | N OF A | NY CONTRAI THE POLIC | CT OR OTHER IES DESCRIB | R DOCUMENT WITH ED HEREIN IS SUB | RESPECT TO | WHICH THIS | |
| INSR LTR | | TYPE OF INSURANCE | ADDL SUBR INSD WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | LIMITS | | |
| Α | | MMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE | | 2,000,000 | |
| | X | CLAIMS-MADE OCCUR | | HOA1000021601 | | 4/10/2024 | 4/10/2025 | DAMAGE TO RENTED PREMISES (Ea occurre | ence) \$ | 1,000,000 | |
| | | | | | | | | MED EXP (Any one ne | | 5,000 | |

| LIIN | + | | INSD WYD | , care i itembert | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMIT | 3 | , |
|------|------------------------------------|--|----------|-------------------|--------------|--------------|---|--------|------------------------|
| A | Х | COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR | | HOA1000021601 | 4/10/2024 | 4/10/2025 | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | s s | 2,000,000 1,000,000 |
| | | | | | | | MED EXP (Any one person) | \$ | 5,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$ | 2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$ | 4,000,000 |
| | X | POLICY PRO- JECT LOC | | | | | PRODUCTS - COMP/OP AGG | \$ | 4,000,000 |
| | _ | OTHER: | | | | | | \$ | |
| A | AU' | AUTOMOBILE LIABILITY | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | 2,000,000 |
| | | ANY AUTO OWNED SCHEDULED | | HOA1000021601 | 4/10/2024 | 4/10/2025 | BODILY INJURY (Per person) | \$ | |
| | | AUTOS ONLY AUTOS | | | | | BODILY INJURY (Per accident) | \$ | |
| | X | HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | | \$ | |
| В | | UMBRELLA LIAB X OCCUR | | | | | EACH OCCURRENCE | \$ | 5,000,000 |
| | X | EXCESS LIAB CLAIMS-MADE | | TBD-2300424 | 4/10/2024 | 4/10/2025 | AGGREGATE | \$ | 5,000,000 |
| | | DED X RETENTION\$ 0 | | | | | | \$ | |
| С | WOR | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | X PER OTH- | | |
| | ANY | PROPRIETOR/PARTNER/EXECUTIVE | N/A | 2024010755397Y | 4/10/2024 | 4/10/2025 | E.L. EACH ACCIDENT | \$ | 1,000,000 |
| | | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 |
| | DÉSCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 |
| D | | | | PCAP033516-0322 | 4/10/2024 | 4/10/2025 | \$5,000 Deductible | | 1,000,000 |
| Α | A Crime | | | HOA1000021601 | 4/10/2024 | 4/10/2025 | \$1,000 Deductible | | 250,000 |
| | | | | | | | | | * |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
A. Common Area Property - Lio Insurance Company - Policy# HOA1000021601: - Effective: 4/10/2024 - 4/10/2025 - Limit: \$185,000 - Deductible: \$2,500;
Additional \$25,000 limit for Trees/Shrubs/Plants Association consists of 35 homes; Coverage includes: Special Form/Replacement Cost, Building Ordinance,
Severability of Interest, Agreed Amount applies. Inflation Guard Included. 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.

| CERTIFICATE HOLDER | CANCELLATION |
|----------------------|--|
| 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 |
| | Alin Parlin |
| A CORD 25 (2046)02) | |