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ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/8/2024

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. 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).

this certificate does not confer rights to the certificate holder in lieu of su		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-					
Newport Beach, CA 92660	E-MAIL ADDRESS: arrinfo@aleragroup.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: American Alternative Insurance Corporation	19720				
INSURED	INSURER B: The Hanover Insurance Company	22292				
Victoria Fairways Condominium Association	INSURER C:					
C/O So Cal Property Enterprises, Inc. 1855 Sampson Ave	INSURER D:					
Corona, CA 92879	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORM THE CONTRACT OF SHAPE POLICIES, IMMEDIATE SHOWN AND AND THE POLICIES IN THE SHOWN AND THE POLICIES IN THE POLI	N OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL	WHICH THIS				

INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$	3,000,000
	CLAIMS-MADE X OCCUR			CAU521468	8/18/2024	8/18/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	3,000,000
							MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	3,000,000
	ANY AUTO			CAU521468	8/18/2024	8/18/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION\$							\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		WZYH728481 8/18/2024 8/18/202	8/18/2025	E.L. EACH ACCIDENT	\$	1,000,000		
	(Mandatory in NH)	,					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Directors & Officers			CAU521468	8/18/2024		\$0 Deductible		1,000,000
Α	Crime			CAU521468	8/18/2024	8/18/2025	\$0 Deductible		150,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) American Alternative Ins Co Policy# CAU521468 / Policy Period 8/18/2024 to 8/18/2025 Policy Property Limit = Guaranteed Replacement Cost w/ \$10,000 Property Deductible Coverage includes Severability of Interest, Ordinance or Law, Sewer Backup, Equipment Breakdown. Coverage is All-Inclusive or Walls-in, including Betterments & Improvements.

Management Company is listed as additional insured in Liability, Crime, and Directors and Officers 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.
1	AUTHORIZED REPRESENTATIVE



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	(-)					
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Newport Beach, CA 92660	E-MAIL ADDRESS: arrinfo@aleragroup.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: American Alternative Insurance Corporation	19720				
INSURED	INSURER B: The Hanover Insurance Company	22292				
Victoria Fairways Condominium Association	INSURER C:	1				
C/O So Cal Property Enterprises, Inc. 1855 Sampson Ave	INSURER D:	1				
Corona, CA 92879	INSURER E:	1				
	INSURER F:	1				
COVERAGES CERTIFICATE NUMBER.	DEVICION NUMBER.					

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		CLUSIONS AND CONDITIONS OF SUCH							
IN.	SR IR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	'S
	4	X COMMERCIAL GENERAL LIABILITY				······	,, <u> </u>	EACH OCCURRENCE	\$ 3,000,00
		CLAIMS-MADE X OCCUR	Х		CAU521468	8/18/2024	8/18/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 3,000,00
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		GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
		X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,00
		OTHER:							\$
1	4	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 3,000,00
		ANY AUTO			CAU521468	8/18/2024	8/18/2025	BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
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									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
I	B WORKERS COMPENSATION AND EMPLOYERS LIABILITY							X PER OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N			WZYH728481	8/18/2024	8/18/2025	E.L. EACH ACCIDENT	\$ 1,000,00
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			`			E.L. DISEASE - EA EMPLOYEE		
		If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
1	4	Directors & Officers	X		CAU521468	8/18/2024	8/18/2025	\$0 Deductible	1,000,00
4	4	Crime	X		CAU521468	8/18/2024	8/18/2025	\$0 Deductible	150,00

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So Cal Property Enterprises, Inc. 1855 Sampson Ave Corona, CA 92879	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Corona, CA 92879	AUTHORIZED REPRESENTATIVE