



CERTIFICATE OF LIABILITY INSURANCE

JMADERA

DATE (MM/DD/YYYY) 3/10/2025

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).

PRODUCER License # 0M10410	CONTACT NAME:					
Armstrong/Robitaille/Riegle Business and Insurance Solutions 18575 Jamboree Rd		FAX (A/C, No): (949) 861-9429				
Ste 500	E-MAIL ADDRESS: arrinfo@aleragroup.com					
Irvine, CA 92612-2545	INSURER(S) AFFORDING COVERAGE					
	INSURER A: Travelers Indemnity Company of Connecticut					
INSURED	INSURER B: Federal Insurance Company	20281				
Ranch of the Sun c/o SoCal Prop Enterprises Inc	INSURER C: Pennsylvania Manufacturers Ins. Indemnity Co.	12262				
1855 Sampson Avenue	INSURER D: Philadelphia Indemnity Ins Co	18058				
Corona, CA 92879	INSURER E :					
	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 SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S		
A	X COMMERCIAL GENERAL LIABILITY		6800J508098	4/10/2025	4/10/2026	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000	
	CLAIMS-MADE X OCCUR	6800J5				PREMISES (Ea occurrence)	\$	300,000	
						MED EXP (Any one person)	\$	5,000	
						PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:						\$		
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO		6800J508098	4/10/2025	4/10/2026	BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$		
							\$		
В	X UMBRELLA LIAB X OCCUR		G74715035				EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE			4/10/2025	4/10/2026	AGGREGATE	\$	5,000,000	
	DED X RETENTION\$ 0						\$		
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	2025010563775Y	4/10/2025	4/10/2026	E.L. EACH ACCIDENT	\$	1,000,000		
					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	s	1,000,000	
D	Directors & Officers		PCAP033806-0322	4/10/2025	4/10/2026	\$1,000 Deductible		1,000,000	
C	Crime		4125010563775Y	4/10/2025	4/10/2026	\$1,000 Deductible		350,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
A - Blanket Building / Special Form / 100% Replacement Cost - Policy #680-0J508098 - Effective: 4/10/2025 - 4/10/2025 - 26,549,200 Limit - \$5,000 Deductible; Association is comprised of 98 Units; "Bare Walls" Coverage includes: Ordinance or Law, 2% Inflation Guard & Severability of interest. No Coinsurance. Common Area Elements are included.

Property Management company is named as additional insured with respects to General Liability, Fidelity & Director and Officers liability as property managers for the named insured.

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
A CORD OF (0040)00)	