

**KBROWN** 



DATE (MM/DD/YYYY) 1/22/2021

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.

tl	SUBROGATION IS WAIVED, subjecting certificate does not confer rights to	ct to	the cert	terms and conditions of ificate holder in lieu of su	uch end	dorsement(s)	policies may	require an en	dorsemen	t. As	tatement on	
PRODUCER License # 0l18113  Berg Insurance Agency 1 Orchard, Suite 230						CONTACT NAME: PHONE (A/C, No, Ext): (800) 989-7990  FAX (A/C, No): (949) 586-9877						
						INS	SURER(S) AFFO	RDING COVERAGE			NAIC #	
					INSURE	R A : Truck li	nsurance E	xchange			21709	
INS	JRED	INSURER B:										
		_		INSURER C:								
	Rancho Dominguez Patio Ho	nmunity Association	INSURER D:									
Yorba Linda, CA 92887						INSURER E :						
						INSURER F:						
CO	VERAGES CER	TIFIC	CATE	NUMBER:	REVISION NUMBER:							
II C E	HIS IS TO CERTIFY THAT THE POLICIENDICATED. NOTWITHSTANDING ANY RERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REMI TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHER IES DESCRIE PAID CLAIMS	R DOCUMENT W SED HEREIN IS S	ITH RESPE	CT TO	O WHICH THIS	
INSR LTR	TIPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF POLICY EXP (MM/DD/YYYY)		LIMITS				
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRE	NCE	\$	3,000,000	
	CLAIMS-MADE X OCCUR	CLAIMS-MADE X OCCUR 607186384		607186384		1/25/2021	1/25/2022	DAMAGE TO REN PREMISES (Ea oc	TED currence)	\$	75,000	
								MED EXP (Any one	e person)	\$	5,000	
								PERSONAL & AD	/ INJURY	\$	Included	
	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$		\$	6,000,000		
	X POLICY PRO- JECT LOC							PRODUCTS - COM	MP/OP AGG	\$	3,000,000	
	OTHER:							0014011150 011101	E	\$		
Α	AUTOMOBILE LIABILITY							COMBINED SINGI (Ea accident)	LE LIMIT	\$	2,000,000	
	ANY AUTO			607186384		1/25/2021	1/25/2022	BODILY INJURY (Per person) \$		\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (	Per accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	AGE	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRE	NCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCID	ENT	\$		
	(Mandatory in NH)	II., A						E.L. DISEASE - EA	A EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	DLICY LIMIT	\$		
Α	Directors & Officers	rectors & Officers 607186384		607186384	1/25/20			1. /		1,000,000		
Α	Fidelity Bond			607186384		1/25/2021	1/25/2022	\$1,000 Deduc	tible		5,000	
**C(	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL DMMON AREA COVERAGE ONLY** perty insurance provided on a Replacen				ule, may b	e attached if mor	 re space is requi	red)				
CERTIFICATE HOLDER						CANCELLATION						
	INFORMATION ONLY	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.										
					AUTHO	RIZED REPRESE	NTATIVE					

LOC #:



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY  License # 0I18113  Rancho Dominguez Patio Homes Community Association Yorba Linda, CA 92887									
Berg Insurance Agency		Rancho Dominguez Patio Homes Community Association							
POLICY NUMBER		i oi va Liilua, GA 32001							
SEE PAGE 1									
CARRIER	NAIC CODE								
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1							
ADDITIONAL REMARKS		SELFAGET							
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,									
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance									
2024/2022									
2021/2022 Insurer A) Building Policy #607186384 Effective 01/25/2021 - 01/25/2022									
\$7,500 Limit \$1,000 Deductible									