RANCDOM-03

KBROWN



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2022

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, subjective conferrights to the conferrights	ct to	the cert	terms and conditions of ificate holder in lieu of su	uch end	dorsement(s)	policies may	require an endors	sement	. 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	RA: Truck II	nsurance E	xchange			21709	
INSU	JRED	INSURER B:										
					INSURER C:							
	Rancho Dominguez Patio Ho	Con	nmunity Association	INSURER D :								
Yorba Linda, CA 92887						INSURER E :						
					INSURER F:							
COVERAGES CERTIFI				NUMBER:	REVISION NUMBER:							
T IN C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	ES O EQUI PER POLI	F INS IREMI TAIN, CIES.	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC Y THE POLICI REDUCED BY	CT OR OTHER IES DESCRIE PAID CLAIMS	RED NAMED ABOVE R DOCUMENT WITH BED HEREIN IS SUB	FOR TH	CT TO	WHICH THIS	
INSR		INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS	3		
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$	3,000,000	
	CLAIMS-MADE X OCCUR			607186384		1/25/2023	1/25/2024	DAMAGE TO RENTED PREMISES (Ea occurre	nce)	\$	75,000	
								MED EXP (Any one per	son)	\$	5,000	
								PERSONAL & ADV INJ	URY	\$	Included	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT	E	\$	6,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/O	P AGG	\$	3,000,000	
	OTHER:									\$		
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LII (Ea accident)	MIT	\$	2,000,000	
	ANY AUTO			607186384		1/25/2023	1/25/2024	BODILY INJURY (Per p	erson)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per a	ccident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$		
	7.0.00 0.12.									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION\$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	Ψ		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT		\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EM				
	If yes, describe under DESCRIPTION OF OPERATIONS below											
Α	Directors & Officers			607186384		1/25/2023	1/25/2024	E.L. DISEASE - POLICY LIMIT \$ \$1,000 Deductible		Ψ	1,000,000	
Α	Fidelity Bond			607186384		1/25/2023	1/25/2024	\$500 Deductible			25,000	
											, , , , , ,	
C(CERIPTION OF OPERATIONS / LOCATIONS / VEHIC DMMON AREA COVERAGE ONLY perty insurance provided on a Replacen				ule, may b	be attached if mor	re space is requi	red)	1			
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 Lice Berg Insurance Agency	nse # 0l18113	NAMED INSURED Rancho Dominguez Patio Homes Community Association Yorba Linda, CA 92887								
POLICY NUMBER		Torba Lilida, GA 92007								
SEE PAGE 1										
CARRIER	NAIC CODE									
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1								
ADDITIONAL REMARKS										
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,										
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance										
2023/2024										
Insurer A) Building Policy #607186384 Effective 01/25/2023 - 01/25/2024 \$7,500 Limit \$1,000 Deductible										
Wigoto Emilit Wigoto Doddottolo										