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JMADERA

DATE	(MM/DD/YYYY)	
0	15/2040	

HARBVIS-02

1	-		CE	<b>KII</b>	FICATE OF LIAB	BILLEY INS	SURAN	CE	8	/5/2019
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.										
lf	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).									
PRO	DUCE	ER License # 0M10410			CO	NTACT ME:				
Arm	Armstrong/Robitaille/Riegle Business and Insurance Solutions								487-6151	
830	Roc ie. C	osevelt, Suite 200 CA 92620				AIL DRESS: info@ar	-ins.com	T (A/0, NO).	()	
	, -							NAIC #		
					INS	SURER A : Golden		RDING COVERAGE		39861
INSU	RED				INSURER B : National Surety Corp					21881
		Harbour Vista HOA, Incorr			ING	INSURER C : Pennsylvania Manufacturers Ins. Indemnity Co.				
		c/o Powerstone Property I 9060 Irvine Center Drive S			nt 📃	SURER D : Philade				18058
		Irvine, CA 92618	uite zu	0		SURER E : Liberty				19917
						SURER F :				
CO	VER	RAGES CE	RTIFI	САТІ	E NUMBER:			<b>REVISION NUMBER:</b>		
TH IN CI E)	HIS IDIC, ERTI KCLI	IS TO CERTIFY THAT THE POLIC ATED. NOTWITHSTANDING ANY IFICATE MAY BE ISSUED OR MA USIONS AND CONDITIONS OF SUC	cies c Requ Y Pef H Pol	F INS IREM	SURANCE LISTED BELOW HAV ENT, TERM OR CONDITION C , THE INSURANCE AFFORDEL LIMITS SHOWN MAY HAVE BEI	)F ANY CONTRA ) BY THE POLIC	CT OR OTHEI IES DESCRIE PAID CLAIMS	RED NAMED ABOVE FOR <sup>-</sup> R DOCUMENT WITH RESP BED HEREIN IS SUBJECT	ECT TO	WHICH THIS
		TYPE OF INSURANCE	INSE	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMI	rs	4 000 000
A	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			GBL10874	8/1/2019	8/1/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
			_					MED EXP (Any one person)	\$	5,000
			_					PERSONAL & ADV INJURY	\$	1,000,000
		N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X							PRODUCTS - COMP/OP AGG	\$	Included
	OTHER:							COMBINED SINGLE LIMIT	\$	4 000 000
<b>A</b>	AU	TOMOBILE LIABILITY						(Ea accident)	\$	1,000,000
				GBL10874		8/1/2019	8/1/2020	BODILY INJURY (Per person)	\$	
	X	OWNED AUTOS ONLY     SCHEDULED AUTOS       HIRED AUTOS ONLY     NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$	
									\$	
В	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MAI	Ε		SUO0003229703822495	8/1/2019	8/1/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION \$	0						\$	
С		RKERS COMPENSATION DEMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
			N     N / A		2019011101708Y	8/1/2019	8/1/2020	E.L. EACH ACCIDENT	\$	1,000,000
	OFF (Mai	PROPRIETOR/PARTNER/EXECUTIVE		`				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If ye DES	es, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Dire	ectors & Officers			PCAP0099700218	8/1/2019	8/1/2020	\$5,000 Deductible		1,000,000
E	Cri	me			CAC0209890118	8/1/2019	8/1/2020	\$10,000 Deductible		2,000,000
Limi Bacl Prop	t - \$ <sup>,</sup> ‹up, perty	TION OF OPERATIONS / LOCATIONS / VEH ding / Special Form / Replacemen 10,000 Deductible; Association c Ordinance and Law Coverages. / Management company is listed a lamed Insured.	onsist	s of 1	80 Units in Nine 20-Unit, 3-Sto	ory Buildings. Co	verage is "W	alls In" includes Severab	ility of I	Interest, Sewer

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

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## CERTIFICATE OF LIABILITY INSURANCE

JMADERA

DATE	(MM/DD/YYYY)	
0	E/2040	

HARBVIS-02

			11						8	/5/2019
C B	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.									
lf	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).									
PRO	DUCER License # 0M10410				CONTA NAME:	СТ				
	strong/Robitaille/Riegle Business and	d Ins	uran	ce Solutions		o, Ext): (949) 3	81-7700	FAX (A/C, No		487-6151
	Roosevelt, Suite 200 ne, CA 92620				E-MAIL	ss: info@ar-	ins.com		,. ,	
						INS	URER(S) AFFO	RDING COVERAGE		NAIC #
					INSURE	R A : Golden	Bear Insu	rance Co		39861
INSU	JRED				INSURE	<sub>R B :</sub> Nationa	I Surety C	orp		21881
	Harbour Vista HOA, Incorpo				INSURE	R C : Pennsyl	vania Manu	ufacturers Ins. Indem	nity Co.	12262
	c/o Powerstone Property Ma 9060 Irvine Center Drive Sui				INSURE	R D : Philade	Iphia Inder	nnity Ins Co		18058
	Irvine, CA 92618				INSURE	RE: Liberty	Insurance	Underwriters		19917
					INSURE	RF:				
				E NUMBER:				<b>REVISION NUMBER:</b>		
IN C E	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	equ Per Poli	IREM TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRAC THE POLICI REDUCED BY I	CT OR OTHER ES DESCRIE PAID CLAIMS	R DOCUMENT WITH RES BED HEREIN IS SUBJECT	PECT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDI INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	NITS	
A	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			GBL10874		8/1/2019	8/1/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000 Included
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AG	G \$ \$	
<b>A</b>	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
				GBL10874		8/1/2019	8/1/2020	BODILY INJURY (Per person)	) \$	
	OWNED AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accider	nt) \$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
в									\$	15,000,000
	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE			SUO0003229703822495		8/1/2019	8/1/2020	EACH OCCURRENCE	\$	15,000,000
	DED X RETENTION \$ 0			000000223703022433		0/1/2013	0/1/2020	AGGREGATE	\$	10,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			2019011101708Y	8/1/2019	8/1/2020	X PER OTH- STATUTE ER	_	1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE			20190111017001		0/1/2019	0/1/2020	E.L. EACH ACCIDENT	\$	1,000,000
	If ves, describe under							E.L. DISEASE - EA EMPLOY		1,000,000
D	DESCRIPTION OF OPERATIONS below Directors & Officers			PCAP0099700218		8/1/2019	8/1/2020	E.L. DISEASE - POLICY LIMI	T \$	1,000,000
E	Crime			CAC0209890118		8/1/2019	8/1/2020	\$10,000 Deductible		2,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) (A) Building / Special Form / Replacement cost - DB Insurance Co. Ltd. Property - Policy #CCP180021000 - Effective Dates 8/1/2019 - 8/1/2020 - \$33,611,194 Limit - \$10,000 Deductible; Association consists of 180 Units in Nine 20-Unit, 3-Story Buildings. Coverage is "Walls In" includes Severability of Interest, Sewer Backup, Ordinance and Law Coverages. Property Management company is listed as an Additonal Insured in the Liability, Fidelity Bond/Crime and Directors and Offices policies as Property Managers for the Named Insured.										
CE	RTIFICATE HOLDER				CANC	ELLATION				
Powerstone Property Management 9060 Irvine Center Dr., Suite 200 Irvine, CA 92618					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
						RIZED REPRESE	NTATIVE			

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