**JDELUNA** 

## ACORD®

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/18/2023

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:					
rmstrong/Robitaille/Riegle Business and Insurance Solutions 500 Quail St, Suite #100	PHONE (A/C, No, Ext): (949) 381-7700 FAX (A/C, No): (949) 8	361-9429				
lewport Beach, CA 92660	E-MAIL ADDRESS: arrinfo@aleragroup.com					
	INSURER(S) AFFORDING COVERAGE					
	INSURER A: Accelerant National Insurance Company					
NSURED	INSURER B : Federal Insurance Company	20281				
Carlsbad Crest Homeowners Association	INSURER C: Accredited Surety and Casualty Company, Inc.					
C/O The Avalon Management Group, Inc. 31608 Railroad Canyon Road	INSURER D : ACE Fire Underwriters					
Canyon Lake, CA 92587	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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY					<b>,</b>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X	N030PK1791-00	N030PK1791-00	7/1/2023	7/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
		I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	
		OTHER:							\$	
Α	A AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO		N030PK1791-00	N030PK1791-00	7/1/2023	7/1/2024	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
В	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			74598195 7/1/2023	7/1/2024	AGGREGATE	\$	15,000,000	
		DED X RETENTION\$							\$	
	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A					E.L. EACH ACCIDENT	\$	
		CER/MEMBER EXCLUDED?						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
С	Dire	ectors & Officers	Χ		1-SKN-CA-01251471	7/1/2023	7/1/2024	\$2,500 Deductible		1,000,000
D	Crir	me	Х		ADOCAF163184492-003	7/1/2023	7/1/2024	\$5,000 Deductible		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
260 units. Building/Special Form/ Replacement Cost - Accelerant National Policy# N030PK1791-00 / Policy Period: 7/1/2023 to 7/1/2024. Coverage is Bare Walls. Property Limit is Guaranteed Replacement Cost (Ratable Limit \$56,000,000) w/ \$10,000 Property Deductible. Coverage includes Special Form, Replacement Cost, Severability of Interest, Ordinance or Law, Agreed Amount, 2% Inflation Guard & Sewer Backup. Management Company is listed as Additional Insured in the Liability, Fidelity Bond and Directors and Officers policies.

CERTIFICATE	HOLDER	CANCELLATION
31	valon Management 1608 Railroad Canyon Rd anyon Lake, CA 92587	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	allyon Lane, OA 92307	AUTHORIZED REPRESENTATIVE



**JDELUNA** 



## CERTIFICATE OF LIABILITY INSURANCE

7/18/2023

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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) 8	361-9429			
Newport Beach, CA 92660	E-MAIL ADDRESS: arrinfo@aleragroup.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A : Accelerant National Insurance Company	10220			
INSURED	INSURER B : Federal Insurance Company	20281			
Carlsbad Crest Homeowners Association	INSURER C : Accredited Surety and Casualty Company, Inc.	26379			
C/O The Avalon Management Group, Inc. 31608 Railroad Canyon Road	INSURER D : ACE Fire Underwriters	20702			
Canyon Lake, CA 92587	INSURER E:				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE	ADDL SU	BR POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	s
Α	X COMMERCIAL GENERAL LIABILITY			(	,,	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR		N030PK1791-00	7/1/2023	7/1/2024	DAMAGE TO RENTED 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
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO		N030PK1791-00	7/1/2023	7/1/2024	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
В	X UMBRELLA LIAB X OCCUR			7/1/2023	3 7/1/2024	EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		G74598195			AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
С	Directors & Officers		1-SKN-CA-01251471	7/1/2023	7/1/2024	\$2,500 Deductible	1,000,000
D	Crime		ADOCAF163184492-003	7/1/2023	7/1/2024	\$5,000 Deductible	2,000,000
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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
	Alin Parlin