



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/12/2024

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 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 Eichman Insurance Agency, Inc. PO Box 9101 Rancho Santa Fe, CA 92067	CONTACT NAME: Suellen Eichman & Gary Eichman PHONE (A/C, No. Ext): 760-230-6157 E-MAIL ADDRESS: erich@eichmaninsurance.com FAX (A/C, No): 760-230-6176														
INSURED 17161 Alva Road Homeowners Association c/o Property Management Consultants 11717 Barnardo Plaza Court #220 San Diego, CA 92128	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Accelerant Specialty Insurance Company</td><td>10220</td></tr><tr><td>INSURER B: United States Liability Insurance Company</td><td>25895</td></tr><tr><td>INSURER C: SiriusPoint Specialty Insurance Corp</td><td>16820</td></tr><tr><td>INSURER D: Hartford Fire Insurance Compnay</td><td>19682</td></tr><tr><td>INSURER E: Arch Syndicate 1955</td><td>21199</td></tr><tr><td>INSURER F: Kinsdale Insurance Company</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Accelerant Specialty Insurance Company	10220	INSURER B: United States Liability Insurance Company	25895	INSURER C: SiriusPoint Specialty Insurance Corp	16820	INSURER D: Hartford Fire Insurance Compnay	19682	INSURER E: Arch Syndicate 1955	21199	INSURER F: Kinsdale Insurance Company	
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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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
F	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> D&O: \$1,000,000 Ded: \$25,000 (B) CAP1568323A GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X		S0001PR000184-00	11/30/2024	11/30/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	X	XUMB24-000001	11/30/2024	11/30/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
G	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A	TWC4504391	11/30/2024	11/30/2025	WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Building / Wildfire (E) FIP#231114 Fidelity (D) 72BDDJD3448	X	X	S0001PR000184-00	11/30/2024	11/30/2025	\$2,500,000 / \$8,000,000 Ded: \$75,000 \$1,125,000 Ded: \$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

360 Units - Certificate Holder as Additional Insured - Bare Walls Policy - Special Form Policy - Severability Of Interest Included - Building Ordinance Included - 30 Day Notice Of Cancellation - Property Management as Named Insured - Inflation Guard Included - Wind/Hail Covered Perils - Equipment Breakdown Included - (G) Technology Insurance Company

CERTIFICATE HOLDER**CANCELLATION**

Property Management Consultants
11717 Barnardo Plaza Court #220
San Diego, CA 92128

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

Suellen Eichman