

3/1/2023

DATE (MM/DD/YYYY) 11/29/2022

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. 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).

3	intotte does not come rights to the certificate floraer in hea or s	don endorsement(s).				
PRODUCER	Lockton Companies	CONTACT NAME:				
	3280 Peachtree Road NE, Suite #250	PHONE (A/C, No, Ext):	FAX (A/C, No):			
	Atlanta GA 30305	E-MAIL ADDRESS:				
(404) 460-3600	(404) 400-3000	INSURER(S) AFFORDING COVERAGE				
		INSURER A: Safety National Casualty Corpora	tion	15105		
INSURED	Imperial Sprinkler Supply, Inc.	INSURER B: Great American Insurance Company 16				
1455347	7440 State Highway 121	INSURER C:				
	McKinney TX 75070	INSURER D :		NAIC # 15105 16691		
		INSURER E:				
		INSURER F:				

 COVERAGES
 CERTIFICATE NUMBER:
 19157272
 REVISION NUMBER:
 XXXXXXXX

 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		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X	CLAIMS-MADE X OCCUR	Y	N	GL 4060049	3/1/2022	3/1/2023	EACH OCCURRENCE \$ 1,250,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
	X	\$500K SIR						MED EXP (Any one person) \$ XXXXXXX PERSONAL & ADV INJURY \$ 1.250,000
	GEN	VL AGGREGATE LIMIT APPLIES PER: POLICY PRO- X LOC						GENERAL AGGREGATE \$ 2,000,000
	X	POLICY JECT X LOC OTHER: \$10M - Policy Agg						PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	X	ANY AUTO OWNED SCHEDULED AUTOS ONLY HIRED V NON-OWNED	N	N	CA 6675528	3/1/2022	3/1/2023	COMBINED SINGLE LIMIT \$ 5,000,000
	X	AUTOS ONLY \$250K Ded CotXp \$250K Ded CotXp	oll					PROPERTY DAMAGE (Per accident) \$ XXXXXXX \$ XXXXXXX
В	X	$ \begin{array}{c cccc} \textbf{UMBRELLA LIAB} & X & \text{OCCUR} \\ \textbf{EXCESS LIAB} & & & \text{CLAIMS-MADE} \\ \hline \text{DED} & X & \text{RETENTION} \$ & 10,000 \\ \end{array} $	N	N	TUU 0478863 09	3/1/2022	3/1/2023	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000 \$ XXXXXXX
A A	AND ANY OFFI (Man	KKERS COMPENSATION EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED? datory in NH) s, describe under CRIPTION OF OPERATIONS below	N/A	N	LDS4060052 AOS PS 4060053 (WI)	3/1/2022 3/1/2022	3/1/2023 3/1/2023	X PER OTH-

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

Certificate holder is included as Additional Insured with respect to General Liability coverage (per form CG 20 11 04 13) and Auto Liability as required by written contract, subject to policy terms, conditions, and exclusions. Certificate holder is included as Additional Insured with respect to General Liability coverage (per form CG 20 11 04 13) and Auto Liability as required by written contract, subject to policy terms, conditions, and exclusions. Waiver of subrogation applies in favor of the certificate holder with respect to General Liability, Auto Liability, and Workers Compensation coverage as required by written contract.

Crummack Huseby HOA Management is named as additional insured as required by written contract.

OEK III IOATE HOEDEK	DANGELLATION
19157272 Crummack Huseby HOA Management 25531 Commercentre Dr	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Lake Forest CA 92630	AUTHORIZED REPRESENTATIVE West faults 1.

CANCELL ATION

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CEDTIFICATE UOI DED



DATE (MM/DD/YYYY) 11/03/2022

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(les) 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). CONTACT NAME: Jeff Hage PHONE (A/C, No, Ext): 530-921-2644
E-MAIL ioff@iofforconfin Jefferson Financial and Insurance Services FAX (A/C, No): 530-722-6084 9434 Deschutes Rd., Suite 209 ADDRESS: jeff@jeffersonfinancialins.com Palo Cedro, CA 96073 INSURER(S) AFFORDING COVERAGE NAIC# Crum & Forster Specialty Insurance Company 44520 INSURED INSURER B: AmGuard Insurance Company 42390 Jerling Management Company, Inc. INSURER C : **DBA: Action Duct Cleaning** INSURER D 1719 N. Brigantine Lane INSURER E Villa Park, CA 92867 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.

INSR		TYPE OF INSURANCE		SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	rs
	X	CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
	_							MED EXP (Any one person)	\$ 5,000
Α			Y	Y	EPK-140951	10/22/2022	10/22/2023	PERSONAL & ADV INJURY	\$ 1,000,000
		I'L AGGREGATE LIMIT APPLIES PER:		j				GENERAL AGGREGATE	\$ 2,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:						Pollution Liability	\$ 1,000,000
В	AUT	OMOBILE LIABILITY			100	09/11/2022	09/11/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO OWNED SCHEDULED	Υ		JEAU337616			BODILY INJURY (Per person)	\$
		AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
	X	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
		evit-							\$
		UMBRELLA LIAS OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
	AND	KERS COMPENSATION EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER	b
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH)		N/A					E.L. EACH ACCIDENT	\$
								E.L. DISEASE - EA EMPLOYEE	\$
	DES	describe under CRIPTION OF OPERATIONS below	- 1					E.L. DISEASE - POLICY LIMIT	\$
		4.0		1					

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

License Number 664959. All California Operations. Certificate Holder Crummack Huseby Property Management and all association clients of Crummack Huseby managed associations are added as additional insured on a blanket basis

Compliance ID: 31926, email certs to: certs@asn4hoa.com

Lake Forest, CA 92630

CERTIFICATE HOLDER	CANCELLATION
Crummack Huseby Property Management Attn: Compliance Coordinator	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
25531 Commercentre Drive Suite 100	AUTHORIZED REPRESENTATIVE

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Jeff Hage





VVECCHIONE

DATE (MM/DD/YYYY) 1/18/2023

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.

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PRODUCER	CONTACT Vanessa Vecchione	
tterstedt Insurance Agency Inc. 40 Sylvan Avenue nglewood Cliffs, NJ 07632	PHONE (A/C, No, Ext): (201) 932-2907 FAX (A/C, No): (201) 9	32-2907
Englewood Cliffs, NJ 07632	E-MAIL ADDRESS: vvecchione@otterstedt.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: AIX Specialty Insurance Company	12833
INSURED	INSURER B : Selective Fire & Casualty Insurance Company	14377
Horizon Termite & Pest Control Corporation	INSURER C: New Jersey Manufacturers Insurance Company	12122
45 Cross Avenue	INSURER A : AIX Specialty Insurance Company 12833	
Midland Park, NJ 07432	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.

INSR	TYPE OF INSURANCE	ADDL SI	UBR	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	X COMMERCIAL GENERAL LIABILITY	IIIOD I		(MINIZEDITITI)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Χ	BSZML20000174-05	1/1/2023	1/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	χ Pollution Liab					MED EXP (Any one person)	\$ 5,000
	χ Contractual					PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 3,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						\$
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		S 1922604	1/1/2023	1/1/2024	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	76755 5/127						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE		BSZUM20000019-05	1/1/2023	1/1/2024	AGGREGATE	\$ 5,000,000
	DED X RETENTION \$ 10,000					Prof Liab	\$ 5,000,000
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	W42083-6	1/1/2023	1/1/2024	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
В	Crime-Client's Prop		B 6025628	1/1/2023	1/1/2024	Theft	100,000
В	Crime - Employee		B6025629	1/1/2023	1/1/2024	Theft	500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Corner Property Management, LLC., and all association clients of Corner Property Management, LLC's managed associations are included as Additional Insured Where Required By Written Contract.

CERTIFICATE HOLDER	CANCELLATION

Corner Property Management Attn: Compliance Coordinator 11 Cleveland Place Springfield, NJ 07081 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

Robust Congre

		7	A
AC	O	RD	y

CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY) 12/07/2022 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(les) must have ADDITIONAL INSURED provisions or be endorsed, if SUBROGATION IS VALVED, subject to the terms and conditions of the policy, certain policies may require an endorsomeric. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsoment(s). CONTACT NAME: Jose Borunda Jose Borunda Insurance Agency INC PHONE 49255 Grapefruit Blvd Ste 2 (A/C, NO, EXT): 760-398-6013 (A/C, NO): 780-398-3424 Lic: 0E32160 E-MAIL ADDRESS: jborunda@farmersagent.com Coachella CA 92236-1483 INSURER(S) AFFORDING COVERAGE MAICE INSURED 10200 INSURERA: Hiscox Insurance Company Inc. INSURER B Lorena Gallard DBA: Rivera Cleaning INSURER C: INSURER D 85422 Valenca LN INSURER E: Coachella CA 92236 INSURER F COVERAGES CERTIFICATE NUMBER: REVISION NUMBER THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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. ADDTL SUER **POLICY EFF** POLICY EXP TYPE OF INSURANCE POLICY NUMBER LIMITS LTR INSD (MM/DD/YYY) (MM/DD/YYYY) COMMERCIAL GENERAL LIABILITY **EACH OCCURRENCE** 1,000,000 DAMAGE TO RENTED CLAIMS-MADE OCCUR PREMISES (Ea Occurrence) 100,000 MED EXP (Any one person) 5,000 Y UDC-2371569-CGL-21 09/25/2022 09/25/2023 PERSONAL & ADV INIURY 1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER GÉNERAL AGGREGATE 2,000,000 POLICY PROJECT PRODUCTS - COMP/OP AGG 2,000,000 OTHER: COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY (Ea accident) ANY AUTO BODILY INJURY (Per person) OWNED AUTOS SCHEDULEO BODILY INJURY (Per accident) \$ ONLY AUTOS HIREO AUTOS NON-OWNED PROPERTY DAMAGE DNILY **AUTOS ONLY** (Per secident) **GAR LIAB** UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGIRGATE DED RETENTION \$ WORKERS COMPENSATION PER AND EMPLOYERS LIABILITY OTHER STATUTE ANY PROPRIETOR/PARTNER/ Y/N E.L. SACH ACCIDENT N/A EXECUTIVE OFFICER/MEMBER **EXCLUDED?** (Mandatory in NH) E.L. DISEASE . EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below ELL DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101) Additional Remarks Schedule, may be attached if more space is required)

Any person or organization that the named insured is obligated by virtue or written contract or agreement to provide insurance such as afforded by this policy is considered an additional insured. "Certificate Holder is named also as additional insured."

CERTIFICATE HOLDER		CANCELIATION						
Albert Management Inc. Attn: Compliance Coordinator		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDING WITH THE POLICY PROVISIONS						
41-865 Boardwalk Avenue Suite 101 Palm Desert CA	92211	AUTHORIZED REPRESENTATIVE Jose Borunda						

ACORD 25 (2016/03)

31-1769 11-15

@1988-2015 ACORD CORPORATION, All Rights Reserved The ACORD name and Jogo are registered marks of ACORD



DATE (MM/DD/YYYY) 1/25/2023

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PRODUCER		CONTACT NAME: Sonia Duran				
Robert Harris Insurance A	gency, Inc.	PHONE (A/C, No, Ext): (714)619-4480	-4481			
Lic. #0216736		E-MAIL ADDRESS: sduran@reharris.com				
3150 Bristol St., Suite 2	000	INSURER(S) AFFORDING COVERAGE		NAIC #		
Costa Mesa	A 92626	INSURER A: Colony Insurance Company 3				
INSURED		INSURER B: Trisura Specialty Insurance	Co.	16188		
Infinity Plumbing Designs, Inc.		INSURER C: Pacific Compensation Insurar	nce Co	11555		
9182 Stellar Court		INSURER D:				
		INSURER E :				
Corona	A 92883	INSURER F:				
00//504050	OFFICIOATE NUMBER 20/02 WAGE	TR T T T T T T T T T T T T T T T T T T	4DED	·-		

COVERAGES CERTIFICATE NUMBER: 22/23 MASTER LIABILITY 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	х	Deductible \$5,000 per claim	х		600GL003450502	3/26/2022	3/26/2023	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Employee Benefits	\$	1,000,000
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO						BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
В	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	2,000,000
		DED X RETENTION \$ 0			TXS0001680-01	3/26/2022	3/26/2023		\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	1,000,000
C	(Man	datory in NH)	,,,	Y	WA006870-02	3/26/2022	3/26/2023	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

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

Crummack Huseby Property Management and all association clients of Crummack Huseby managed associations are added as General Liablity Additional Insured per blanket form CG2010 1219 attached, Additional Insured Comp Ops per blanket form CG2037 1219 attached; Workers Comp Blanket Waiver of Subrogation applies per WC990315 form attached.

CERTIFICATE HOLDER	CANCELLATION					
certs@asn4hoa.com						
Crummack Huseby Property Management CONDO 25531 Commercentre Drive	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Suite #100	AUTHORIZED REPRESENTATIVE					
Lake Forest, CA 92630	Steve Harris/SONIA					

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DATE (MM/DD/YYYY) 09/29/2022

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lf		o th	e tern	ns and conditions of the	e policy, certain policies may require an endorsement. A statement on						
_	DUCER	Tile	Certi	incate noider in ned or st	CONTA			port.thimble.com/			
	Verifly Insurance Services, Inc. DBA Thimble I	nsura	ance S	Services	PHONE FAX						
	174 West 4th Street, Suite 204				E-MAIL support@thimble.com						
	New York, NY 10014 https://support.thimble.com/				7.33.1260					NAI0.#	
					INSURER(s) AFFORDING COVERAGE NAIC # INSURER A: National Specialty Insurance Company 22608						
INSL	IRED				Tradition of colony mountains company						22000
	JR Gale Inc.	T		24 00504	INSURER B: INSURER C:						
	31915 Rancho California Rd., Suite 200-401, ⁻ john@galeforcepm.com	ı eme	cuia, C	JA, 92591	INSURER D:						
					INSURE						
					INSURE		/www.thimh	le.com/check-p	olicy-sta	atus/	
co	VERAGES CER	TIFIC	CATE	NUMBER:	INSUKL	Kr. mapon		REVISION NUM		atao,	,
_	HIS IS TO CERTIFY THAT THE POLICIES C				BEEN I	SSUED TO TH				OLICY P	PERIOD
	IDICATED. NOTWITHSTANDING ANY REC										
	ERTIFICATE MAY BE ISSUED OR MAY PEI XCLUSIONS AND CONDITIONS OF SUCH I								TO ALL T	HE IER	IMS,
INSR LTR		ADDL	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
LIK	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NUMBER				EACH OCCURRENC		\$	2,000,000
	CLAIMS-MADE X OCCUR					09/30/2022 12:00 AM	09/29/2023 11:59 PM	DAMAGE TO RENTI PREMISES (Ea occu	ED	\$	100.000
	CLAIIVIS-IVIADE 1					PDT	PDT	MED EXP (Any one		\$	5,000
Α		Υ	Υ	IBL-PKDNG8EY8				PERSONAL & ADV		\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP		\$	2,000,000
	OTHER:								70. 7.00	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Pe	er accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	Æ	\$	
	AUTOS ONET							(i or doordone)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	Œ	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDEN	NT.	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A						E.L. DISEASE - EA E	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
										\$	
										\$	
										\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL										
	Total Property Managemer										
	associations are added as	ad	ditio	onal insured on a b	olank	et basis.	Total Pr	operty Man	agem	ent h	as
	Waiver of Subrogation to V	Vor	kers	s Compensation c	over	age.					
	_			•		•					
									(c	on't on f	form Acord 101)
	RTIFICATE HOLDER				CANO	CELLATION					
	tal Property Mgmt., Inc.				6112	NIII D ANN OF	THE ABOVE S	ECCDIDED DOL 10	IEC DE C	A NIOE: :	ED BEFORE
	n: Risk Manager							ESCRIBED POLIC DF, NOTICE WILL			
	792 Rockfield Blvd Suite 100 ke Forest, CA 92630-1600							Y PROVISIONS.			
^{La}	Ne i 01631, OA 32030-1000										
					AUTHO	RIZED REPRESE	NTATIVE	O = dl			
		J-HCM)									



JEFFS-3

OP ID: CJ

07/09/2018

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).

License #0		CONTACT NAME: Certificate Department PHONE (A/C, No, Ext): 916-960-0575 FAX (A/C, No): 916-960-0565 E-MålL (A/C, No): 916-960-0565 CEMÅL CERTIFICATION C								
10 Sierra (Roseville, Shauna C		ADDRESS: certificates@dhiins.com INSURER(S) AFFORDING COVERAGE NA								
		INSURER A : Financial Pacific Ins. Company	31453							
	Jeff's Inc DBA Jeff's Plumbing	INSURER B: Everest National Ins Co		10120						
	and Maculate Const & Remodel P O Box 231128	INSURER C : AIG								
	Sacramento, CA 95823-0402	INSURER D :								
	,,	INSURER E :								
		INSURER F:								
001/504	OFO SEPTIFICATE MUMBER	DEL/(CIONIALIA								

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 INSD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	Х	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$ 1,000,00
		CLAIMS-MADE X OCCUR	Х	60456925	02/01/2018	02/01/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,00
							MED EXP (Any one person)	\$ 5,00
							PERSONAL & ADV INJURY	\$ 1,000,00
	GEN	N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,00
		POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,00
		OTHER:						\$
	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,00
Α	X	ANY AUTO		60456925	02/01/2018	02/01/2019	BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
								\$
		UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 3,000,00
С	X	EXCESS LIAB CLAIMS-MADE		EBU011403178	01/10/2018	02/01/2019	AGGREGATE	\$ 3,000,00
		DED X RETENTION \$ 10,000						\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH-ER	
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE T N	N/A	7600017487171	04/01/2018	04/01/2019	E.L. EACH ACCIDENT	\$ 1,000,00
	(Man	CER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,00
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,00

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

Form CG2010R1211 attached naming Association Management Concepts, Inc. and all association clients of Association Concepts managed associations as Additional Insured.

CERTIFICATE HOLDER	CANCELLATION
Association Management	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Concepts Inc. 1401 El Camino Ave., #200	AUTHORIZED REPRESENTATIVE
Sacramento, CA 95815	I do sex



DATE (MM/DD/YYYY) 02/17/2023

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.

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	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 PROFESSIONAL INSURANCE ASSOCIATES INC. 2270 Douglas Blvd Suite 212					CT		FAX (A/C, No):		
Suit						(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:				
Ros	Roseville, CA 95661						. ,	RDING COVERAGE	NAIC#	
						RA: AMGUAR	D Insurance Co	mpany	42390	
INSUF				INSURE	RB:					
Great Park Plumbing, Inc. 22600 Lambert St Ste 805B					INSURE					
Lake Forest, CA 92630-1620			INSURER D:							
	·				INSURER E:					
					INSURER F:					
COV	ERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:		
INI	S IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE	QUIR	EMEN	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPECT	TO WHICH THIS	
	RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH								LL THE TERMS,	
INSR LTR	TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$	1,000,000	
Α	X CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	50,000	
		X		GRBP443302		01/20/2023	01/20/2024	MED EXP (Any one person) \$	5,000	

PERSONAL & ADV INJURY Included GEN'L AGGREGATE LIMIT APPLIES PER: \$ 2,000,000 GENERAL AGGREGATE PRO-JECT Χ POLICY PRODUCTS - COMP/OP AGG \$ 2,000,000 OTHER COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** \$ Included in GL ANY AUTO BODILY INJURY (Per person) \$ N/A OWNED SCHEDULED Χ BODILY INJURY (Per accident) \$ N/A GRBP443302 01/20/2023 | 01/20/2024 Α AUTOS ONLY HIRED AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) \$ N/A AUTOS ONLY AUTOS ONLY \$ UMBRELLA LIAB \$ OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ \$ WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT

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

Total Property Management and all association dients of Total Property Management managed associations are added as additional insured on a blanket basis

CERTIFICATE HOLDER	CANCELLATION
Total Property Mgmt., Inc. Attn: Risk Manager	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
23792 Rockfield Blvd Suite 100	AUTHORIZED REPRESENTATIVE:
Lake Forest, CA 92630	Wavid J. Summer



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 02/17/2023

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· · · · · · · · · · · · · · · · · · ·		
PRODUCER	CONTACT NAME: Wilson, Jeffrey Ryan	
PROFESSIONAL INSURANCE ASSOCIATES INC.	PHONE FAX (A/C, No, Ext): (A/C, No):	
2270 Douglas Blvd	E-MAIL ADDRESS:	
Suite 212	PRODUCER	
Roseville, CA 95661	CUSTOMER ID:	-
	INSURER(S) AFFORDING COVERAGE	NAIC#
INSURED	INSURER A: AmGUARD Insurance Company	42390
Great Park Plumbing, Inc.	INSURER B:	
22600 Lambert St Ste 805B Lake Forest, CA 92630-1620	INSURER C:	
Edite 1016507 6/1 92050 1020	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Location: 22600 Lambert St Ste 805BLake Forest, CA 92630-1620

Bldg #001: Plumbing (Office) - 7578101

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 INS	SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)			LIMITS
-	Χ	PROPERTY					BUILDING	\$	0
	CAL	JSES OF LOSS	DEDUCTIBLES				PERSONAL PROPERTY	\$	100,000
		BASIC	BUILDING 500		01/20/2023	01/20/2024	BUSINESS INCOME	\$	*
		B R OAD	CONTENTS	GRBP443302			EXTRA EXPENSE	\$	*
١.	Χ	SPECIAL					RENTAL VALUE	\$	
Α		EA R THQUAKE					BLANKET BUILDING	\$	n/a
		WIND					BLANKET PERS PROP	\$	n/a
		FLOOD					BLANKET BLDG & PP	\$	n/a
								\$	
gs.								\$	
		INLAND MARINE		TYPE OF POLICY				\$	
	CAL	JSES OF LOSS						\$	
		NAMED PERILS		POLICY NUMBER				\$	
								\$	
		CRIME						\$	
	TYF	PE OF POLICY						\$	
								\$	
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN							\$	
		EQUITIVENT BRI	LANDOWN					\$	
								\$	
								\$	

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

* Actual Loss Sustained up to 12 months

CERTIFICATE HOLDER	CANCELLATION
Total Property Mgmt., Inc. Attn: Risk Manager	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
23792 Rockfield Blvd Suite 100 Lake Forest, CA 92630	AUTHORIZED REPRESENTATIVE Aud J. Smin



Date 02/17/2023

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this	s certificate does not confer rights to	the ce	ertifica	ate holder in lieu	u of such er	ndorsement(s).			
PRO	DUCER			CONTACT NAME: Jeffrey R Wilson						
Pia Ir					PHONE (A/C, No, Ext): 9494079422 (A/C, No, Ext): 9494079422 (A/C, No, Ext): 9492668273					
2270	Douglas Blvd Ste 212				(A/C, No, Ext): 9 E-MAIL					
Rose	ville, CA 95661-4239				ADDRESS: info	NAIO#				
					INSTIRED A · I	nfinity Select Insura	nce Company	OVERAGE	NAIC # 20260	
INSU	RED				INSURED B:	mility Select misura	nice Company		20200	
	·				INSURED C :					
Great Park Plumbing Inc. 22600 Lambert St Ste 805b					INSURED D :					
	Forest, CA 92630			INSURED E :						
				1	INSURED F:					
CO	/ERAGES			CERTIFICA	ATE NUMBE	R:		REVISION N	NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERESTAND AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									HICH THIS	
INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NU		POLICY EFF	POLICY EXP	LIMITS		
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD					EACH OCCURRENCE	\$	
								DAMAGE TO RENTED		
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	PRO-									
	POLICY FRO-							PRODUCTS - COMP/OP AGG	\$	
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ANY AUTO							BODILY INJURY (Per person)	\$	
A	OWNED AUTOS ONLY SCHEDULED AUTOS	х	x	5046101578	881001	05/28/2022	05/28/2023	BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED	•	``					PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)		
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED DETENTION &								\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	Ī	
	AND EMPLOYERS' LIABILITY Y/N							STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	1 56 /4	COPD 1	IO1 Additional Remark	rka Cahadula n	nov be attached if	mara angga ia ra	auirad)		
DES	CRIFTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	COKD I	ivi, Additional Remai	rks Scriedule, ii	nay be attached if	more space is re	quirea)		
Proje	ect Number: PowerStone PM									
CEF	RTIFICATE HOLDER				CANC	ELLATION				
	al Property Management, Inc.				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVER! ACCORDANCE WITH THE POLICY PROVISIONS.					
	: Risk Manager				ALITHO	DIZED DEDOCOC	IT A TIVE			
l	92 Rockfield Blvd Suite 100 e Forest,CA 92630				AUTHO	RIZED REPRESEN		0		
Lak	5 1 01031,0A 32030						\wedge_{\sim} .	, , , , , ,		
				Soy Little						



DATE (MM/DD/YYYY) 02/17/2023

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tŀ	is certificate does not confer rights t	o the	cert			· · ·).				
PRO	DUCER				CONTACT NAME:						
	OFESSIONAL INSURANCE ASSOCI	ATES	INC	C. [PHONE FAX (A/C, No, Ext): (A/C, No):						
	70 Douglas Blvd				E-MAIL ADDRESS:						
	ite 212 seville, CA 95661									NAIC#	_
KU	seville, CA 93001								31470	_	
INSU	RED				INSURE					31470	_
Gre	eat Park Plumbing										_
	A/TA Great Park Plumbing			T	INSURE						_
	500 Lambert St Ste 805B se Forest, CA 92630-1620	T	INSURE								
Lar	e Forest, CA 92630-1620			T	INSURE						
	VEDA 0.50	T.F.	- A T		INSURE	RF:					
				E NUMBER:	/C DCC	N ICCUED TO		REVISION NUMBER:	IE DOI	ICY DEDICE	_
C IV	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		SUBR			POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY	11130	***				,	EACH OCCURRENCE	\$		0
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$		0
	OE, MINIC IVII DE COCCIO							PREMISES (Ea occurrence) MED EXP (Any one person)	\$		0
								PERSONAL & ADV INJURY	\$		0
	GEN'L AGGREGATE LIMIT APPLIES PER:										0
	PRO-							GENERAL AGGREGATE	\$		
								PRODUCTS - COMP/OP AGG	\$		0
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		_
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED										
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE			_
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE	\$		
	DED RETENTION \$							DED	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							X PER STATUTE OTH-			
Α	ANYPROPRIETOR/PARTNER/EXECUTIVE Y	N/A		DAWC326543		05/16/2022	05/16/2023	E.L. EACH ACCIDENT	\$ 1,00	00,000	_
, ·	(Mandatory in NH) If yes, describe under			D/WC320313		007.072022	00/10/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,00	00,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00	00,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	D 101, Additional Remarks Schedule	e, may b	e attached if more	e space is require	ed)		_	
Ex	nployees: Full Time: 2; Part Time: clusions: vid Suscavage, Owner;	0 G	Gover	rning Class Description:	PLUM	BING- EQU <i>A</i>	ALS OR EXC	EEDS \$28.00			
CF	RTIFICATE HOLDER				CANO	CELLATION					_
Total Property Mgmt., Inc. Attn: Risk Manager 23792 Rockfield Blvd Suite 100 Lake Forest					SHC THE ACC	OULD ANY OF EXPIRATION CORDANCE WI	N DATE THE TH THE POLIC	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.			
Lai	ke Forest, CA 92630			•	AUTHORIZED REPRESENTATIVE:						



DATE (MM/DD/YYYY) 10/26/2022

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.

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PRODUCER	CONTACT NAME: Lorie Keliipaakaua				
Phoenix-Alliant Insurance Services, Inc. 2415 E Camelback Rd Ste 950		FAX (A/C, No):			
Phoenix AZ 85016	E-MAIL ADDRESS: phxcsgcerts@alliant.com				
	INSURER(S) AFFORDING COVERAGE				
	INSURER A: Old Republic Insurance Company				
INSURED	INSURER B: Federal Insurance Company	20281			
North Jersey Pool Management, LLC dba American Pool Management	INSURER c : Lexington Insurance Company	19437			
414 Airport Executive Park	INSURER D: Navigators Insurance Company	42307			
Nanuet NY 10954	INSURER E: Westchester Surplus Lines Insu	10172			
	INSURER F: ACE American Insurance Company	22667			

COVERAGES CERTIFICATE NUMBER: 1408696982 REVISION NUMBER: 1

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				SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	Х	COMMERCIAL GENERAL LIABILITY	Y	Y	MWZY 317073	10/25/2022	10/25/2024	EACH OCCURRENCE	\$4,500,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	Χ	Contractual Liab						MED EXP (Any one person)	\$EXCLUDED
								PERSONAL & ADV INJURY	\$4,500,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 5,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$5,000,000
		OTHER:							\$
В	AUT	OMOBILE LIABILITY	Υ	Υ	54309825	10/25/2022	10/25/2023	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
	Х	ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	Х	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
С		UMBRELLA LIAB X OCCUR			80878032	10/25/2022	10/25/2023	EACH OCCURRENCE	\$5,000,000
	Х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 5,000,000
		DED RETENTION\$							\$
F		KERS COMPENSATION EMPLOYERS' LIABILITY		Υ	54309827	10/25/2022	10/25/2023	X PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE TITLE	N/A					E.L. EACH ACCIDENT	\$1,000,000
	(Man	datory in NH)	,					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D E	Exce	ess of Auto Liability less of CGL/Auto/EL less of CGL/Auto/EL			SF22EXC761361IV G71835388 003 XLXD5894400S	10/25/2022 10/25/2022 10/25/2022	10/25/2023 10/25/2023 10/25/2023	Each Auto Event Each Occurrence & Agg Each Occurrence & Agg	4,000,000 5,000,000 5,000,000

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

COMMERCIAL GENERAL LIABILITY as required by written contract or agreement: Certificate Holder and any other person or organization are included as Additional Insured; coverage applies on a primary and non-contributory basis; Waiver of Subrogation applies.

AUTOMOBILE LIABILITY as required by written contract or agreement: Certificate Holder and any other person or organization are included as Additional Insured; coverage applies on a primary and non-contributory basis; Waiver of Subrogation applies.

WORKERS COMPENSATION as required by written contract or agreement: Waiver of Subrogation applies.

See Attached...

CERTIFICATE HOLDER

Corner Property Management Attn: Compliance Coordinator	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
11 Cleveland Place Springfield NJ 07081	AUTHORIZED REPRESENTATIVE

CANCELLATION