OP ID: PC



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/16/2017

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).

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PRODUCER			CONTACT NAME:				
Socher Insurance Agency, Inc.			PHONE FAX				
1350 Old Bayshore Highway			(A/C, No, Ext): E-MAIL	(A/C, No):			
Suite 630			ADDRESS:				
Burlingame, CA 94010 House Account			PRODUCER CUSTOMER ID #: MURIE-1				
			INSURER(S) AFFORDING COVERA	GE NAIC#			
INSURED	Murieta Owners' Ass		INSURER A: Philadelphia Indemnity Ins C	io l			
	c/o Board of Directo	evard	INSURER B: Greenwich Insurance Compa	any			
	39821 Cedar Boulev Newark. CA 94560		INSURER C : Zenith Insurance Company				
	Newalk, CA 34300		INSURER D : Continental Causualty Co.				
			INSURER E:				
			INSURER F:				
COVERA	GES	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	SUBR		POLICY EFF	POLICY EXP	LIMIT	s	
LIK	GENERAL LIABILITY	INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	<u> </u>	1,000,000
A	X COMMERCIAL GENERAL LIABILITY			PHPK1715791	09/24/2017	09/24/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
1	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
	POLICY PRO- JECT LOC							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$	
A	X HIRED AUTOS			PHPK1715791	09/24/2017	09/24/2018	PROPERTY DAMAGE (PER ACCIDENT)	\$	
Α	X NON-OWNED AUTOS							\$	
								\$	
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	10,000,000
В	EXCESS LIAB CLAIMS-MADE			PPP7451394L16A-11	-11 09/24/2017 0	09/24/2018	AGGREGATE	\$	10,000,000
	DEDUCTIBLE			FFF7431334E10A-11				\$	
	X RETENTION \$ 0							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						X WC STATU- TORY LIMITS OTH- ER		
C			C067128314	09/24/2017	09/24/2018	E.L. EACH ACCIDENT	\$	1,000,000	
							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Directors &			0250989198	09/24/2017	09/24/2018	Limit:		1,000,000
Officers Liability							Ded:		1,000
DEC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / Attach ACORD 101 Additional Pamerks Schedule if more space is required.)								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Please see Certificate of Property, Acord 24, for building values.

CERTIFICATE HOLDER	CANCELLATION	
FORINFO	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
	Faule J. Kennew	