

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

RTONG

SEASVIL-01

| | | | | | | | | | - | 6/ | 27/2023 | |
|---|------------------------|---|-----------------|-----------------|--|--|---|-----------------------------|--|------------------|------------|--|
| 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. | | | | | | | | | | | | |
| lf | SU | RTANT: If the certificate holde BROGATION IS WAIVED, subje- ertificate does not confer rights t | ct to | the | terms and conditions of | the pol | licy, certain | oolicies may | | | | |
| | | ER License # 0M10410 | o uie | Certi | incate noider in neu or st | | | • | | | | |
| | | ng/Robitaille/Riegle Business an | d Ins | uran | ce Solutions | | | | | | | |
| 150 | 0 Qı | uail St, Suite #100 t Beach, CA 92660 | a 1115 | aran | | PHONE (A/C, No, Ext): (949) 381-7700 FAX (A/C, No): (949) 861-9429 E-MAIL ADDRESS: arrinfo@aleragroup.com FAX FAX <t< td=""></t<> | | | | | | |
| | • | | | | | | NAIC # | | | | | |
| | | | | | | INSURER(S) AFFORDING COVERAGE | | | | | 10220 | |
| INSI | JRED | | | | | | 20281 | | | | | |
| | | Seascape Village Owners As C/O Curtis Management | SSOC | iatior | 1 | INSURER B : Federal Insurance Company INSURER C : Pennsylvania Manufacturers Ins. Indemnity Co. | | | | | | |
| | | 5050 Avenida Encinas | | | | INSURER D: Philadelphia Indemnity Ins Co | | | | | 18058 | |
| | | Suite 160 | | | | | | | | | | |
| | | Carlsbad, CA 92008 | | | | INSURE | | | | | + | |
| <u> </u> | | AGES CER | TIEI | ~^ | E NUMBER: | INSORE | κг. | | REVISION NUMBER: | | | |
| | | IS TO CERTIFY THAT THE POLICIE | | | | | | | | | | |
| | IDIC. ERT | ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH | EQU | IREME TAIN, | ENT, TERM OR CONDITIO THE INSURANCE AFFOR | N OF A DED BY | NY CONTRAC | CT OR OTHER | R DOCUMENT WITH RESP BED HEREIN IS SUBJECT | ECT TO | WHICH THIS | |
| INSR LTR | | TYPE OF INSURANCE | ADDL | SUBR WVD | | | POLICY EFF (MM/DD/YYYY) | POLICY EXP | | тѕ | | |
| A | X | COMMERCIAL GENERAL LIABILITY | INSD | | | | | | EACH OCCURRENCE | \$ | 1,000,000 | |
| | | CLAIMS-MADE X OCCUR | x | | N030PK0537 | | 6/27/2023 | 6/27/2024 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 100,000 | |
| | | | ^ | | | | 0/21/2020 | 0/21/2021 | | | 5,000 | |
| | | | | | | | | | MED EXP (Any one person) | \$ | 1,000,000 | |
| | | | | | | | | | PERSONAL & ADV INJURY | \$ | 2,000,000 | |
| | X | | | | | | | | GENERAL AGGREGATE PRODUCTS - COMP/OP AGG | | 2,000,000 | |
| Α | | OTHER: | | | | | | | COMBINED SINGLE LIMIT | \$ | 1,000,000 | |
| | AU | | | | | | 6/27/2023 | 6/27/2024 | (Ea accident) | \$ | .,, | |
| | x | ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY | | | N030PK0537 | | 0/21/2023 | 0/21/2024 | BODILY INJURY (Per person) BODILY INJURY (Per accident PROPERTY DAMAGE (Per accident) | \$) \$ \$ | | |
| | | | | | | | | | | \$ | | |
| В | X | UMBRELLA LIAB X OCCUR | | | | | | | EACH OCCURRENCE | \$ | 15,000,000 | |
| | | EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ | - | | G74595807 | | 6/27/2023 | 6/27/2024 | AGGREGATE | \$ \$ | 15,000,000 | |
| С | woi | RKERS COMPENSATION | | | | | | | X PER OTH- | Ψ | | |
| | 1 | D EMPLOYERS' LIABILITY Y PROPRIETOR/PARTNER/EXECUTIVE | | | 2023001159961Y | | 6/27/2023 | 6/27/2024 | E.L. EACH ACCIDENT | \$ | 1,000,000 | |
| | OFF (Ma | ndatory in NH) | N / A | | | | | | | | 1,000,000 | |
| | If ye | s, describe under | | | | | | | E.L. DISEASE - EA EMPLOYE | | 1,000,000 | |
| D | | CRIPTION OF OPERATIONS below | X | | PCAP034914-0222 | | 6/27/2023 | 6/27/2024 | E.L. DISEASE - POLICY LIMIT \$10,000 Deductible | \$ | 1,000,000 | |
| C | | | | | | | 6/27/2023 | | \$10,000 Deductible | | 4,000,000 | |
| Ded incl Proj | uctik udes perty | TION OF OPERATIONS / LOCATIONS / VEHIC ing/Special Form - Accelerant Natio ble except \$50,000 for Water events :: Severability of Interest, Ordinance / Management Company is included | . Ass e or L | socia .aw, S | tion consists of 301 Units. Sewer Backup. Fidelity Bo | Covera ond / Cri ts Gene | ge is WALLS me policy inc ral Liability a | -IN Including ludes Comp | Betterments & Improve uter Fraud & Fund Trans | ments. | Coverage | |
| CE | ĸIJ | FICATE HOLDER | | | | CANC | CANCELLATION | | | | | |
| | | Curtis Management 5050 Avenida Encinas, Suite Carlsbad, CA 92008 | e 160 | | | 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

DATE (MM/DD/YYYY) 6/27/2023

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SEASVIL-01

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|---|--|--|-----------------------|-----------|--------------------|-----------|-------|-----------------|--|---|--------------|-------------------------------------|--------|------------|--|
| 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: | | | | | | | | | | | | | | | |
| 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) 861-9429 | | | | | | |
| Newport Beach, CA 92660 | | | | | | | | | E-MAIL ADDRESS: arrinfo@aleragroup.com | | | | | | |
| | | | | | | | | | INSURER(S) AFFORDING COVERAGE NAIC # | | | | | | |
| | | | | | | | | | INSURER A : Accelerant National Insurance Company 10220 | | | | | | |
| INSURED Seascape Village Owners Association | | | | | | | | n | INSURER B : Federal Insurance Company 20281 | | | | | | |
| | | | C/O Curti | is M | lanagement | | latio | • | INSURER C : Pennsylvania Manufacturers Ins. Indemnity Co. 12262 | | | | | | |
| | | | 5050 Ave Suite 160 | | a Encinas | | | | INSURER D : Philadelphia Indemnity Ins Co 18058 | | | | | | |
| | | | Carlsbad | | A 92008 | | | | INSURE | RE: | | | | | |
| 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. | | | | | | | | | | | | | | | |
| IN | SR TR | ULU | TYPE OF I | | | ADDL SUBR | | | DEENI | POLICY EFF | POLICY EXP | | LIMITS | | |
| | | X | COMMERCIAL GE | | - | INSD | WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | | | 1.000.000 | |
| ' | ` - | ^ | CLAIMS-MAD | Г | X OCCUR | | | N030PK0537 | | 6/27/2023 | 6/27/2024 | EACH OCCURRENCE DAMAGE TO RENTED | \$ | 100,000 | |
| | F | | | | A | | | NUSUF NUSS/ | | 0/21/2023 | 0/2//2024 | PREMISES (Ea occurrenc | · | 5,000 | |
| | F | | | | | - | | | | | | MED EXP (Any one perso | | 1,000,000 | |
| | ŀ | | | | | | | | | | | PERSONAL & ADV INJUR | | 2,000,000 | |
| | - E | X | | RO- CT | | | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 | |
| | F | ~ | | СТ | | | | | | | | PRODUCTS - COMP/OP | | ,, | |
| | A | A11T | | ΓV | | | | | | | | COMBINED SINGLE LIMI | Г Г | 1,000,000 | |
| | - F | ANY AUTO | | | | | | N030PK0537 | | 6/27/2023 | 6/27/2024 | (Ea accident) | • \$ | ,, | |
| | F | OWNED AUTOS ONLY | | | SCHEDULED AUTOS | | | NU3UF NU337 | | 0/21/2025 | 0/2//2024 | BODILY INJURY (Per pers | | | |
| | F | Х | HIRED AUTOS ONLY X | | | | | | | BODILY INJURY (Per acc PROPERTY DAMAGE (Per accident) | | | | | |
| | F | ~ | AUTOS ONLY | | | | | | | | | | \$ | | |
| | в | Х | UMBRELLA LIAB | | X OCCUR | | | | | | | EACH OCCURRENCE | \$ | 15,000,000 | |
| | F | EXCESS LIAB CLAIMS-MADE | | | G | G74595807 | | 6/27/2023 | 6/27/2024 | AGGREGATE | \$ | 15,000,000 | | | |
| | F | DED X RETENTION \$ | | | | | | | | | | | \$ | | |
| | C WORKERS COMPENSATION | | | | | | | | | | | X PER O STATUTE E | TH- | | |
| | | AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE | | | | | | 2023001159961Y | | 6/27/2023 | 6/27/2024 | E.L. EACH ACCIDENT | \$ | 1,000,000 | |
| | | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | N/A | | | | | | E.L. DISEASE - EA EMPL | | 1,000,000 | |
| | | | | | | | | | | | | E.L. DISEASE - POLICY L | | 1,000,000 | |
| | | | | | | | | PCAP034914-0222 | | 6/27/2023 | | \$10,000 Deductible | | 1,000,000 | |
| | C | Crime | | | | | | 4123011159961Y | | 6/27/2023 | 6/27/2024 | \$10,000 Deductible | | 4,000,000 | |
| | | | | | | | | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) A. Building/Special Form - Accelerant National Ins Co - Policy #: N030PK0537 - Effective 6/27/2023 - 6/27/2024 - GUARANTEED REPLACEMENT COST - \$10,000 Deductible except \$50,000 for Water events. Association consists of 301 Units. Coverage is WALLS-IN Including Betterments & Improvements. Coverage includes: Severability of Interest, Ordinance or Law, Sewer Backup. Fidelity Bond / Crime policy includes Computer Fraud & Fund Transfer Fraud. Property Management Company is included as an Additional Insured as respects General Liability and D&O policies. | | | | | | | | | | | | | | | |
| 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. | | | | | | |
| | | | | | | | | | | | | | | | |
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