



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: JC

DATE (MM/DD/YYYY)  
11/07/13

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).

<b>PRODUCER</b> <b>Armstrong/Robitaille/Riegle</b> <b>830 Roosevelt, Suite 200</b> <b>Irvine, CA 92620</b>		<b>949-487-6131</b> <b>949-487-6151</b>	<b>CONTACT NAME: William Fox</b> <b>PHONE (A/C, No, Ext): 626-827-2445</b> <b>FAX (A/C, No): 626-836-2905</b> <b>E-MAIL ADDRESS: wmfoxcpa@yahoo.com</b> <b>PRODUCER CUSTOMER ID #: CARRI-2</b>
<b>INSURED</b> <b>Carriage Lane HOA</b> <b>William Fox</b> <b>PO Box 1628</b> <b>Sierra Madre, CA 91025</b>		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A : XL Specialty Insurance Company</b> <b>INSURER B : Liberty Agency Underwriters</b> <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>	
		<b>NAIC #</b>	

**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
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			63A1004215-03	01/17/13	01/17/14	EACH OCCURRENCE \$ <b>2,000,000</b>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b>
B	<input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CAP003834-0311	01/17/13	01/17/14	MED EXP (Any one person) \$ <b>5,000</b>
	<input checked="" type="checkbox"/> D&O CLAIMS MADE						PERSONAL & ADV INJURY \$ <b>INCLUDED</b>
	<input checked="" type="checkbox"/> \$1K DED						GENERAL AGGREGATE \$ <b>2,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ <b>INCLUDED</b>
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						<b>D&amp;O LIMIT</b> \$ <b>1,000,000</b>
A	<input type="checkbox"/> AUTOMOBILE LIABILITY			63A1004215-03	01/17/13	01/17/14	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE						\$
	<input type="checkbox"/> RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> N / <input type="checkbox"/> A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
A	PROP/COMMON AREA			63A1004215-03	01/17/13	01/17/14	\$1K DED <b>50,000</b>
A	FIDELITY BOND CRIM			63A1004215-03	01/17/13	01/17/14	250 DED <b>50,000</b>

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

**\*10 DAY NOTICE OF CANCELLATION IN THE EVENT OF NON-PAYMENT OF PREMIUM.**

Common Area located at 551 Golden Sky Lane, Anaheim, CA 92807.

**CERTIFICATE HOLDER****CANCELLATION**

<b>EWvidence of Insurance</b>	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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# NOTEPAD

INSURED'S NAME **Carriage Lane HOA**

**CARRI-2**  
**OP ID: JC**

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## Amenities covered on the Package Policy:

V-ditches  
Private Streets/Roads - 1 mile  
Parking Lots  
Monuments  
Metal Signs  
Wood Signs  
Mailboxes  
Trees/Shrubs  
Slopes  
Light Poles  
Irrigation/Sprinkler System