

## CERTIFICATE OF PROPERTY INSURANCE

**DATE (MM/DD/YYYY)** 09/05/2024

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.

		2024 2025/00	DDOD	DE1/(0/01/11/11/11/11/11/11/11/11/11/11/11/11			
			INSURER F:	·			·
N Las Vegas	NV	89031	INSURER E :				
5135 Camino Al Norte Suite 100			INSURER D :				
c/o Performance CAM			INSURER C :				
Eldorado Neighborhood First Homeowners Association			INSURER B:	Pennsylvania Manufacturers' Association	n Ins Co		12262
INSURED			INSURER A:	WCF National Insurance Company			40517
Las Vegas	NV	89119		INSURER(S) AFFORDING COVERAGE			NAIC#
			PRODUCER CUSTOMER II	D: 00065396			
375 E Warm Springs Rd Ste 201			E-MAIL ADDRESS:	gunnar.haskins@assuredpartners.com			
AssuredPartners of Nevada LLC			PHONE (A/C, No, Ext):	: (702) 638-0022	FAX (A/C, No):	(702) 6	38-0050
PRODUCER			CONTACT NAME:	Gunnar Haskins			
REPRESENTATIVE OR PRODUCER, AND THE CERTIFI	CAIE	HOLDER.					

COVERAGES CERTIFICATE NUMBER: 2024-2025/09 PROP REVISION NUMBER:

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

Loc# 00001 Bldg# 00001: 5701 Clay Ridge Ave North Las Vegas NV 89031

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			SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY		LIMITS
	×	PROPERTY						BUILDING	\$
	CAL	JSES OF LOSS	DEDUCTIBLES		09/10/2024	09/10/2025	×	PERSONAL PROPERTY	\$ 100,000
		BASIC	BUILDING				×	BUSINESS INCOME	\$ ALS
		BROAD	CONTENTS					EXTRA EXPENSE	\$
	$\times$	SPECIAL	5,000					RENTAL VALUE	\$
A		EARTHQUAKE		4093664				BLANKET BUILDING	\$
^		WIND		- 4093004				BLANKET PERS PROP	\$
		FLOOD						BLANKET BLDG & PP	\$
									\$
				1					\$
		INLAND MARINE		TYPE OF POLICY					\$
	CAL	JSES OF LOSS							\$
		NAMED PERILS		POLICY NUMBER					\$
									\$
		CRIME							\$
В	TYPE OF POLICY			412401-14-69-90-7Y	09/10/2024	09/10/2025			\$
									\$
		BOILER & MACH							\$
		Ego:: illett bitt							\$
									\$
									\$

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

For Informational Purposes Only.

CEDTIFICATE HOLDED

CERTIFICATE HOLDER	CANCELLATION
For Informational Purposes Only	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
	Faultyten

CANCELLATION



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 08/22/2024

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(jes) 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	CONTACT Gunnar Haskins					
AssuredPartners of Nevada LLC	PHONE (A/C, No, Ext): (702) 638-0022 FAX (A/C, No): (702) 638-0050					
375 E Warm Springs Rd Ste 201	E-MAIL gunnar.haskins@assuredpartners.com					
	INSURER(S) AFFORDING COVERAGE NAIC #					
Las Vegas NV 89119	INSURER A: WCF National Insurance Company 40517					
INSURED	INSURER B: Pennsylvania Manufacturers' Association Ins Co 12262					
Eldorado Neighborhood First Homeowners Association	INSURER C: Technology Insurance Company 42376					
c/o Performance CAM	INSURER D:					
5135 Camino Al Norte Suite 100	INSURER E :					
N Las Vegas NV 89031	INSURER F:					
COVERAGES CERTIFICATE NUMBER: 2024-202	25/08 ALL 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.						
NSR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMB	BER POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS					
COMMERCIAL GENERAL LIABILITY	EACH OCCURRENCE \$ 1,000,000					
CLAIMS-MADE OCCUR	DAMAGE TO RENTED \$ 300,000					

LTR	TYPE OF INSURANCE		INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
Α		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
								MED EXP (Any one person)	\$ 5,000
					4093664	09/10/2024	09/10/2025	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000
	×	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:						Directors & Officers	\$ 1,000,000
	AUT	OMOBILE LIABILITY			4093664	09/10/2024	09/10/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
Α		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
	×	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
									\$
		UMBRELLA LIAB X OCCUR			4093666	09/10/2024	09/10/2025	EACH OCCURRENCE	\$ 1,000,000
Α	×	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 1,000,000
		DED RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE OTH-	
В	ANY	ANY PROPRIETOR/PARTNER/EXECUTIVE			202401-14-69-90-7Y	09/10/2024	09/10/2025	E.L. EACH ACCIDENT	\$ 1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
С	Commercial Cyber and Privacy Liability							General Aggregate	\$1,000,000
					CL1746459 00	09/10/2024	09/10/2025	Each Claim	\$1,000,000
				-				-	

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

CERTIFICATE HOLDER	CANCELLATION				
For Informational Purposes Only	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				
	Faul Eylen				