

KNELSON

**CERTIFICATE OF LIABILITY INSURANCE** 

ACORD®

DATE (MM/DD/YYYY) 4/23/2025

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).

PRODUCER	CONTACT NAME:					
Teague Insurance Agency, Inc. 7777 Alvarado Rd., #515	PHONE (A/C, No, Ext): (619) 464-6851 FAX (A/C, No): (619) (	668-4715				
La Mesa, CA 91942	E-MAIL ADDRESS: info@teagueins.com					
	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A: Travelers Property Casualty Company of America	25674				
INSURED	INSURER B: Greenwich Insurance Co.	22322				
Beech Tower Community Assoc. c/o 360 Community	INSURER C: Hartford Fire Insurance Co					
Management 10769 Woodside Avenue #210	INSURER D:					
Santee, CA 92071	INSURER E :					
	INSURER F:					
	75,40,000,000					

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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	Х	COMMERCIAL GENERAL LIABILITY				(	<del>, , , , , , , , , , , , , , , , , , , </del>	EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR	X	X		680-8C524697-25-42	4/11/2025	4/11/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	X	Hired Non Owned Auto								MED EXP (Any one person)	\$
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000	
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000	
		OTHER:							\$		
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO						BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$		
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
									\$		
В		UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			PPP7445870	4/11/2025	4/11/2026	AGGREGATE	\$		
		DED X RETENTION\$						Aggregate	\$	5,000,000	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							PER OTH- STATUTE ER			
			N/A					E.L. EACH ACCIDENT	\$		
			A					E.L. DISEASE - EA EMPLOYEE	\$		
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
С	Bor	nd			72BDDHD9675	6/22/2024	6/22/2025	Fidelity Bond		900,000	
Α	Pro	perty	Х		680-8C524697-25-42	4/11/2025	4/11/2026	Building		27,135,381	
					1						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Association has 54 units located at 1514 7th Avenue, San Diego, CA. Property policy covers original build excluding betterments and improvements - AKA
"Single Entity", excludes unit interior. Replacement Cost, Special Form coverage \$24,894,845, Deductible \$10,000. Building Ordinance or Law Coverage, and
"Separation of Insured's". Property Management Additional Insured GL, D&O, Fidelity Bond.

D&O- Carrier: Great American Insurance, Policy Number: EPP2678168-15 Policy Effective: 4/11/2024 - 4/11/2025, Limit \$1,000,000, Deductible \$1,000

CERTIFICATE HOLDER	CANCELLATION
360 Community Management 10769 Woodside Avenue, Suite 210 Santee. CA 92071	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
ountos, on ozori	AUTHORIZED REPRESENTATIVE
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