

CERTIFICATE OF LIABILITY INSURANCE

07/24/2018

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.

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 License # 0118113 Berg Insurance Agency 1 Orchard, Suite 230 PHONE (A/C, No, Ext): (800) 989-7990 FAX (A/C. No): (949) 586-9877 E-MAIL ADDRESS: info@berginsurance.com Lake Forest, CA 92630 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Farmers Insurance Exchange INSURER B: Fireman's Fund Insurance 29181 INSURED INSURER C: The Hanover Insurance Group The Villas Community Association INSURER D Irvine, CA 92612 INSURER E : INSURER F : REVISION NUMBER: **CERTIFICATE NUMBER: COVERAGES** 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. POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) ADDL SUBR LIMITS TYPE OF INSURANCE POLICY NUMBER 1,000,000 X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 75.000 07/24/2018 07/24/2019 CLAIMS-MADE X OCCUR X 606223087 \$ 5,000 MED EXP (Any one person) \$ Included \$ PERSONAL & ADV INJURY 2.000,000 GENERAL AGGREGATE \$ GEN'L AGGREGATE LIMIT APPLIES PER: 1,000,000 PRO-JECT POLICY PRODUCTS - COMP/OP AGG OTHER COMBINED SINGLE LIMIT (Ea accident) 1,000,000 AUTOMORII E LIABILITY 07/24/2017 | 07/24/2018 606223087 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY 15,000,000 В Х X OCCUR UMBRELLA LIAB EACH OCCURRENCE SUO00032271991117504 07/24/2018 | 07/24/2019 15,000,000 EXCESS LIAB CLAIMS-MADE AGGREGATE S DED **RETENTION \$** X PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 1,000,000 07/24/2019 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 07/24/2018 WZYD31148101 E.L. EACH ACCIDENT Ν N / A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ fyes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 L. DISEASE - POLICY LIMIT 07/24/2018 07/24/2019 \$1,000 Deductible 1,000,000 606223087 **Directors & Officers** X 07/24/2018 07/24/2019 \$1,000 Deductible 29,417,640 606223087 Building DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
No additional affiliated or unaffiliated projects; Umbrella policy provides additional liability coverage to General Liability and Directors & Officers Liability; Management Company named Additional Insured on GL and D & O; Policy Includes Separation of Insureds, Building Ordinance, Equipment Breakdown, No Coinsurance: 10 Day notice of cancellation for non payment of premium. Certificate Holder is named Additional Insured Property Management Company CANCELLATION **CERTIFICATE HOLDER** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. **Optimum Property Management** 230 Commerce, Suite 250 Irvine, CA 92602 AUTHORIZED REPRESENTATIVE

GENCY CUSTOMER	ID: VILLCOM-02
GENCY CUSTOMER	ID: VILLOUM-UZ

KBROWN

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY	License # 0l18113	NAMED INSURED The Villas Community Association	
Berg Insurance Agency		Irvine, CA 92612	
POLICY NUMBER			
SEE PAGE 1			
CARRIER	NAIC CODE		
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

2018/2019

Cov D) QBE Specialty Insurance Company
Earthquake Pol# SSE8538400 Effec: 07/24/2018 - 07/24/2019

\$29,342,640 Limit 10% Deductible



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/24/2018

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E	BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, AN	URA	NCE	DOES NOT CONSTITUTE	A CONTRACT	BETWEEN	THE ISSUING INSURER(S),	AUTHORIZED	
III	MPORTANT: If the certificate holder f SUBROGATION IS WAIVED, subject his certificate does not confer rights to	is a	n AD	DITIONAL INSURED, the politerms and conditions of the	policy, certain i	policies may	NAL INSURED provisions of require an endorsement.	r be endorsed. A statement on	
L	DDUCER License # 0118113	, 1116	Cert	CO!	TACT	•			
Berg Insurance Agency						20.7000	FAX	949) 586-9877	
1 0	rchard, Suite 230			(A/C	;, No, Ext): (000) 3 AlL DRESS: info@be	rainsuranc		0,000 00	
Lak	e Forest, CA 92630			ADD				NAIC#	
							RDING COVERAGE	NAIC#	
					URER A : Farmer			29181	
INS	URED				URER B : Firemai			23101	
The Villas Community Asso			ciation		URER C : The Ha				
	Irvine, CA 92612				URER D :				
					URER E :				
				INS	URER F :				
CC				NUMBER:			REVISION NUMBER:	DOLLOV DEDICO	
١	THIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY REPORTED OR MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITION O THE INSURANCE AFFORDED LIMITS SHOWN MAY HAVE BEE	F ANY CONTRA BY THE POLIC EN REDUCED BY	CT OR OTHER IES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESPECT SED HEREIN IS SUBJECT TO A	10 WHICH THIS	
INSI	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A							EACH OCCURRENCE \$	1,000,000	
	CLAIMS-MADE X OCCUR	X		606223087	07/24/2018	07/24/2019	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	75,000	
							MED EXP (Any one person) \$	5,000	
							PERSONAL & ADV INJURY \$	Included	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$	2,000,000	
	X POLICY PRO- LOC						PRODUCTS - COMP/OP AGG \$	1,000,000	
	OTHER:						\$		
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$	1,000,000	
	ANY AUTO			606223087	07/24/2017	07/24/2018	BODILY INJURY (Per person) \$		
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY		İ				PROPERTY DAMAGE (Per accident) \$		
							\$	45.000.000	
В	X UMBRELLA LIAB X OCCUR			011000000000000000000000000000000000000	07/04/0040	07/04/0040	EACH OCCURRENCE \$	15,000,000	
l	EXCESS LIAB CLAIMS-MADE			SUO00032271991117504	07/24/2018	07/24/2019	AGGREGATE \$	15,000,000	
	DED RETENTION \$						\$		
C	AND EMPLOYEDS' I IARII ITY						X PER STATUTE ER OTH-	4 000 000	
	ANY DEMOCRACY AND ANY PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		WZYD31148101	07/24/2018	07/24/2019	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	
A	Directors & Officers			606223087	7772 2010		\$1,000 Deductible	1,000,000	
A	Building			606223087	07/24/2018	07/24/2019	\$1,000 Deductible	29,417,640	
Ma Coi	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC additional affiliated or unaffiliated project in the company named Additional Irrinsurance; 10 Day notice of cancellation of City of Irvine, Its Officers, Employees, N	sure for n	d on on p	GL and D & O; Policy Includes ayment of premium.	Separation of I	nsureds, Buil	red) Liability and Directors & Offi ding Ordinance, Equipment	icers Liability; Breakdown, No	
CE	ERTIFICATE HOLDER			CA	ANCELLATION				
The City of Irvine One Civic Center Plaza			<u>:</u>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	P.O. Box 19575 Irvine, CA 92623-9575				THORIZED REPRESE				
H 4He; OA 32020-8070					Mint	Um			

GENCY CUSTOMER ID: VILLOUM-02	GENCY CUSTOMER	יחו	VILL	.C	ON	1-02	
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KBROWN

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Berg Insurance Agency	License # 0l18113	NAMED INSURED The Villas Community Association Irvine, CA 92612	
POLICY NUMBER SEE PAGE 1			
CARRIER	NAIC CODE		
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

2018/2019

Cov D) QBE Specialty Insurance Company
Earthquake Pol# SSE8538400 Effec: 07/24/2018 - 07/24/2019

\$29,342,640 Limit 10% Deductible



Serving California Communities for Over 40 years

Insurance Disclosure for: The Villas Community Association

General Liability Coverage Policy # - 606223087

1. Name of Insurer: Farmers Insurance Exchange

2. Policy Limits: \$1,000,000 per occurrence/\$2,000,000 aggregate

3. Deductible: None

4. Inception Date: 7/24/2018 Expiration Date: 7/24/2019

Property Coverage Policy # - 606223087

1. Name of Insurer: Farmers Insurance Exchange

2. Policy Limits: \$29,417,640

3. Deductible: \$ 1,000 per occurrence

4. Inception Date: 7/24/2018 Expiration Date: 7/24/2019

D&O Coverage Policy # - 606223087

1. Name of Insurer: Farmers Insurance Exchange

2. Policy Limits: \$1,000,000

3. Deductible: \$ 1,000 per occurrence

4. Inception Date: 7/24/2018 Expiration Date: 7/24/2019

<u>Umbrella Coverage</u> Policy # - SUO0003227199117504

1. Name of Insurer: Fireman's Fund Insurance Company

2. Policy Limits: \$15,000,000

3. Deductible: None

4. Inception Date: 7/24/2018 Expiration Date: 7/24/2019

Workers Comp Coverage Policy # - WZYD31148101

1. Name of Insurer: Hanover American Insurance Company

2. Policy Limits: \$1,000,000 Statutory Limits

3. Deductible: None

4. Inception Date: 7/24/2018 Expiration Date: 7/24/2019

Earthquake Coverage Policy # - SSE8538400

1. Name of Insurer QBE Specialty Insurance Company

2. Policy Limits \$29,342,640

3. Deductible: 10 %

4. Inception Date: 7/24/2018 Expiration Date: 7/24/2019

"This summary of the association's policies of insurance provides only certain information, as required by Section 5300 of the Civil Code, and should not be considered a substitute for the complete policy terms and conditions contained in the actual policies of insurance. Any association member may, upon request and provision of reasonable notice, review the association's insurance policies and, upon request and payment of reasonable duplication charges, obtain copies of those policies. Although the association maintains the policies of insurance specified in this summary, the association's policies of insurance may not cover your property, including personal property or real property improvements to or around your dwelling, or personal injuries or other losses that occur within or around your dwelling. Even if a loss is covered, you may nevertheless be responsible for paying all or a portion of any deductible that applies. Association members should consult with their individual insurance broker or agent for appropriate additional coverage."





Serving California Communities for Over 40 years
UNIT OWNERS' INSURANCE NEEDS

Personal Property Coverage

The Association Master Policy does not cover a unit owner's personal property and may have limited or excluded coverage for the fixtures and improvements to the unit interior. This coverage should be obtained with a "Contents Replacement Cost" endorsement, which will replace damaged property without deduction for depreciation.

Loss of Use

If the unit is unlivable due to a covered loss, this coverage will pay for the unit owner's additional living expense. For rental units, the coverage pays the lost income to the unit owner while the unit is vacant due to a covered loss. An insurance professional can help determine an adequate limit for this coverage.

Loss Assessment

This coverage will pay a special assessment levied by the association to the membership due to an insured loss exceeding the association's master policy limits. This is not coverage for common area maintenance assessments.

Personal Liability

This coverage pays for the bodily injury or property damage to a third party if the unit owner is liable due to unintentional acts. It also covers family members, sporting activities and injury caused by pets.

California Earthquake Authority (CEA)

Coverage is available through this state-run program, or similar programs operated by individual insurance carriers, for damage incurred in the event of an earthquake. Contact an insurance professional or go to earthquakeauthority.com for more information.

