



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/19/2018

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.

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).

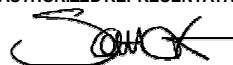
PRODUCER LaBarre/Oksnee Insurance License # 0C84283 30 Enterprise #180 Aliso Viejo, CA 92656 S. Curt LaBarre	800-698-0711	CONTACT NAME: LaBarre/Oksnee Insurance PHONE (A/C, No, Ext): 800-698-0711 FAX (A/C, No): 949-588-1275 E-MAIL ADDRESS:														
INSURED Huntington Landmark Community 20880 Oakridge Circle Huntington Beach, CA 92646		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Century National Insurance Co.</td> <td>26905</td> </tr> <tr> <td>INSURER B: Liberty Mutual Insurance</td> <td>23043</td> </tr> <tr> <td>INSURER C: Great American Insurance Co.</td> <td>16691</td> </tr> <tr> <td>INSURER D: Firemans Fund Insurance Co.</td> <td>21873</td> </tr> <tr> <td>INSURER E: PMA Insurance Group</td> <td>12262</td> </tr> <tr> <td>INSURER F: Continental Casualty Company</td> <td>20443</td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Century National Insurance Co.	26905	INSURER B: Liberty Mutual Insurance	23043	INSURER C: Great American Insurance Co.	16691	INSURER D: Firemans Fund Insurance Co.	21873	INSURER E: PMA Insurance Group	12262	INSURER F: Continental Casualty Company	20443
INSURER(S) AFFORDING COVERAGE	NAIC #															
INSURER A: Century National Insurance Co.	26905															
INSURER B: Liberty Mutual Insurance	23043															
INSURER C: Great American Insurance Co.	16691															
INSURER D: Firemans Fund Insurance Co.	21873															
INSURER E: PMA Insurance Group	12262															
INSURER F: Continental Casualty Company	20443															

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		7711006851-05	01/01/2019	01/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
C	<input checked="" type="checkbox"/> D&O Liability \$10K retention GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			TBD CLAIMS-MADE	01/01/2019	01/01/2020	MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ included GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ included D&O \$ 1,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			7711006851-05	01/01/2019	01/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		X	SUO00049054554-T3739-8	01/01/2019	01/01/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
E	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	2019010505941Y	01/01/2019	01/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property		X	7711006851-05	01/01/2019	01/01/2020	25K ded 159,903,250
B	Fidelity Bond			CAC000926-0910	01/01/2019	01/01/2020	25K ded 8,500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Huntington Landmark Senior Adult Community consisting of: 20880 Oakridge Lane & Surrounding Streets, Huntington Beach CA 92646. There are 1,238 units within the association. Property policy is Special Form, BARE WALLS (excludes interior) with 100% Replacement Cost. *Includes GUARANTEED REPLACEMENT COST, Building Ordinance/Law Coverage, Severability of Interest.

CERTIFICATE HOLDER Professional Community Management of California, Inc. Kimberly Pollard 27051 Towne Centre Dr, Ste 200 Foothill Ranch, CA 92610	CANCELLATION 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 
--	--

NOTEPAD

INSURED'S NAME Huntington Landmark Community

HUNTI06
OP ID: LW

PAGE 2
Date 12/19/2018

Excess Crime with carrier C, Great American Insurance Company, in the amount of \$3,500,000 excess of \$5,000,000 with Liberty Mutual. Policy number is SSA-392-56-74-05581-02. Effective 01/01/2019-01/01/2020

Wind/Hail included. Equipment breakdown included. Computer and Funds Transfer Fraud included.

Coverage is continuous until cancelled.