



HUNTLAN-01

LESLIEW

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/20/2021

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).

<b>PRODUCER</b> <b>LaBarre/Oksnee Insurance</b> <b>30 Enterprise, Suite 180</b> <b>Aliso Viejo, CA 92656</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): (800) 698-0711</b>		<b>FAX (A/C, No): (949) 588-1275</b>
	<b>E-MAIL ADDRESS: proof@hoa-insurance.com</b>		
		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
		<b>INSURER A : Century National Insurance Co.</b>	<b>26905</b>
		<b>INSURER B : Fireman's Fund Insurance Co.</b>	<b>21873</b>
		<b>INSURER C : PMA Insurance Group</b>	<b>12262</b>
		<b>INSURER D : Ace American Insurance Co</b>	
		<b>INSURER E :</b>	
		<b>INSURER F :</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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	<b>X</b>		<b>77A1006851-07</b>	<b>1/1/2021</b>	<b>1/1/2022</b>	EACH OCCURRENCE	<b>\$ 1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence)	<b>\$ 300,000</b>
							MED EXP (Any one person)	<b>\$ 5,000</b>
							PERSONAL & ADV INJURY	<b>\$ Included</b>
							GENERAL AGGREGATE	<b>\$ 2,000,000</b>
							PRODUCTS - COMP/OP AGG	<b>\$ Included</b>
								<b>\$</b>
<b>A</b>	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	<b>X</b>		<b>77A1006851-07</b>	<b>1/1/2021</b>	<b>1/1/2022</b>	COMBINED SINGLE LIMIT (Ea accident)	<b>\$ 1,000,000</b>
							BODILY INJURY (Per person)	<b>\$</b>
							BODILY INJURY (Per accident)	<b>\$</b>
							PROPERTY DAMAGE (Per accident)	<b>\$</b>
							<b>\$</b>	
<b>B</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ <b>0</b>	<b>X</b>		<b>USL00656920U-T3739-10</b>	<b>1/1/2021</b>	<b>1/1/2022</b>	EACH OCCURRENCE	<b>\$ 15,000,000</b>
							AGGREGATE	<b>\$ 15,000,000</b>
								<b>\$</b>
<b>C</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N/A</b>	<b>2021010505941Y</b>	<b>1/1/2021</b>	<b>1/1/2022</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	<b>\$ 1,000,000</b>
							E.L. DISEASE - EA EMPLOYEE	<b>\$ 1,000,000</b>
							E.L. DISEASE - POLICY LIMIT	<b>\$ 1,000,000</b>
<b>A</b>	<b>Property</b>			<b>77A1006851-07</b>	<b>1/1/2021</b>	<b>1/1/2022</b>	<b>25,000 ded</b>	<b>165,321,000</b>
<b>D</b>	<b>Crime/Fidelity Bond</b>			<b>G72500738 001</b>	<b>1/1/2021</b>	<b>1/1/2022</b>	<b>10,000 ded</b>	<b>8,500,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 HOA consists of 1,238 Units. Located at 20880 Oakridge Lane & Surrounding Streets, Huntington Beach CA 92646

Management Company is Additionally Insured on the General Liability, D&O Liability, and Fidelity Bond.

See 2nd page of certificate of insurance for further coverage information.

**CERTIFICATE HOLDER****CANCELLATION**

<b>Seabreeze Property Management</b> <b>26840 Aliso Viejo Parkway, Ste 100</b> <b>Aliso Viejo, CA 92656</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 



## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>LaBarre/Oksnee Insurance</b>		NAMED INSURED <b>Huntington Landmark Community 20880 Oakridge Circle Huntington Beach, CA 92646</b>	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

## ADDITIONAL REMARKS

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

## Certificate Remarks

**BARE WALLS (Unit Interiors are Excluded per CC&Rs)**

## Coverage Includes:

**Special Form with 100% Replacement Cost**

**Guaranteed Replacement Cost**

**Wind/Hail**

**Equipment Breakdown**

**Building Ordinance or Law A+B+C**

**Inflation Guard and/or limits are reviewed yearly to ensure 100% replacement Cost**

**Severability of Interest / Separation of Insureds**

**Computer Fraud & Funds Transfer Fraud**

**Co-Insurance Waived**

## D&amp;O Liability:

**Carrier: Continental Casualty Company**

**Policy #P618835035**

**Policy Term: 01/01/2021 - 01/01/2022**

**Limit: \$1,000,000**

**Deductible: \$10,000**

**D&O IS CLAIMS-MADE**

## Earthquake and Flood:

**Carriers: Everest Indemnity Insurance Company, HDI Global Specialty SE, Hamilton / Underwriters at Lloyd's, Ascot Underwriting (syndicate 1414 at Lloyd's), Palomar Specialty**

**Term: 04/30/2021 - 04/30/2022**

**Policy #TBD**

**Limit: \$60,000,000**

**Deductibles: 20% for Earthquake; \$250,000 for Flood**

## Excess Crime/Bond:

**Carriers: Great American \$3,500,000 Excess of Ace American \$4,000,000 excess of PMA \$1,000,000 for a total of \$8,500,000 limit with \$10,000 deductible**

**Policy # SSA-392-56-74-05581-04/G72500738 001**

**Policy Term: 01/01/2021 - 01/01/2022**