

CERTIFICATE OF LIABILITY INSURANCE

3/10/2020

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).

u	is certificate does not confer rights to	o the	cert	ificate holder in lieu of su	ch endorsement(s)	i -	require an endorsement		diciliciti on	
	DUCER				CONTACT Andre Barroso					
Wate	eridge Insurance Services 7 Sorrento Valley Road				PHONE FAX (A/C, No, Ext): (A/C, No):					
San	Diego, CA 92121				E-MAIL ADDRESS: abarroso@wateridge.com					
					IN:		NAIC#			
					INSURER A : Americ		19720			
INSU	RED				INSURER B : Greenv	22322				
	View Terrace Howeowners				INSURER C : PA. Ma		12262			
3520 Seagate Way, Suite 100 Escondido, CA 92029					INSURER D : Manufa		36897			
	ESCONDIAG, CA 92029				INSURER E:					
	7-110-100-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				INSURER F:					
				NUMBER:	REVISION NUMBER:					
IN CE	IS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN.	ENT, TERM OR CONDITION THE INSURANCE AFFORM	N OF ANY CONTRA	CT OR OTHER	RED. HEREIN IS SUBJECT TO	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EXP (MM/DD/YYYY)				
A	X COMMERCIAL GENERAL LIABILITY	INSU	WYVU	, one month	(MM/DD/YYYY)	(MM/DD/YYYY)	1	s	1,000,000	
	CLAIMS-MADE OCCUR			CAU5139131	2/13/2020	2/13/2021	DAMAGE TO RENTED	\$	300,000	
							MED EXP (Any one person)	\$	5,000	
							PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-						GENERAL AGGREGATE	\$	2,000,000	
	POLICY JECT LOC							\$	2,000,000	
Α	AUTOMOBILE LIABILITY			*****			COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
1	ANY AUTO		CAU5139131		2/13/2020	2/13/2021	, i	\$	1,000,000	
	OWNED SCHEDULED AUTOS ONLY				2,10,2020	2,10,2021		\$		
	HIRED NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	s s		
	ACTOS CIVET						(Fel accident)	s s		
В	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ \$	5,000,000	
	EXCESS LIAB CLAIMS-MADE			PPP7467396	2/13/2020	2/13/2021	AGGREGATE	\$	500,000	
	DED RETENTION\$						- NOONEONIE	s		
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-	•		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			2019011058841Y	2/13/2020	2/13/2021	E.L. EACH ACCIDENT	s	1,000,000	
	(Mandatory in NH)	N/A			[E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below		<u> </u>				E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
	Crime (Includes Burg			4119011058841Y	2/13/2020	2/13/2021	Crime		400,000	
Α	General Liability			CAU5139131	2/13/2020	2/13/2021	D&O		1,000,000	
DESC Proc	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI f of insurance	LES (A	ACORE	0 101, Additional Remarks Schedu	le, may be attached if mo	e space is requi	red)			
CEF	RTIFICATE HOLDER				CANCELLATION					
View Terrace Howeowners Association C/O Champs 3520 Seagate Way, #100 Oceanside. CA 92029					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					



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 3/10/2020

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MAT ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NO COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENC ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER	T AFFIRMATIVELY OR E OF INSURANCE DOE	NEGATIVELY AM S NOT CONSTITUT	IEND, EXTEND OF	R ALTER THE							
AGENCY PHONE (A/C, No, Ext): (858) 452-2200	COMPANY										
Wateridge Insurance Services 10717 Sorrento Valley Road San Diego, CA 92121	American Alternative Ins Corp 555 College Rd East Princeton, NJ 08543-5241										
FAX (A/C, No): (858) 452-6004 E-MAIL ADDRESS:	-										
	-										
GODE: SUB CODE: AGENCY CUSTOMER ID #: VIEWTER-01	-										
INSURED View Terrace Howeowners	LOAN NUMBER		POLICY NUMBER								
3520 Seagate Way, Suite 100 Escondido, CA 92029			CAU5139131								
	2/13/2020										
·	THIS REPLACES PRIOR EVID	2/13/2020 2/13/2021 CONTINUED UNTIL TERMINATED IF CHECKED THIS REPLACES PRIOR EVIDENCE DATED:									
PROPERTY INFORMATION											
LOCATION/DESCRIPTION 1857 Cathedral Glen, Escondido, CA 92029											
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED T NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF AN EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTA SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH F	NY CONTRACT OR OTH AIN, THE INSURANCE AF	HER DOCUMENT N FORDED BY THE P	WITH RESPECT TO OLICIES DESCRIBI	WHICH THIS ED HEREIN IS							
COVERAGE INFORMATION PERILS INSURED BASIC	BROAD SPECIA	L									
COVERAGE / PERILS / FORMS		AMO	UNT OF INSURANCE	DEDUCTIBLE							
Guranteed Replacemnt Cost/Special Form Building Business Personal Property Business Income with Extra Expense			\$546,300 \$12,700	2,500 2,500							
REMARKS (Including Special Conditions)											
CANCELLATION				1							
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CAND DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	ELLED BEFORE THE	EXPIRATION DAT	E THEREOF, NOT	ICE WILL BE							
ADDITIONAL INTEREST											
NAME AND ADDRESS	ADDITIONAL INSURED	LENDER'S LOSS PA	YARLE LOS	S PAYEE							
	MORTGAGEE			W CHILL							
View Terrace Homeowners Association	LOAN#		,								
c/o Champs											
3520 Seagate Way, #100 Escondido, CA 92029	AUTHORIZED REPRESENTATIVE										