

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

02/01/2017

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 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> LaBarre/Oksnee Insurance KH License # 0C84283 30 Enterprise #180 Aliso Viejo, CA 92656 Keith Hatch	<b>CONTACT NAME:</b> LaBarre/Oksnee Insurance		
	<b>PHONE (A/C, No, Ext):</b> 800-698-0711	<b>FAX (A/C, No):</b> 949-588-1275	
<b>E-MAIL ADDRESS:</b>			
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	
<b>INSURED</b> Surfcrest Corporation c/o Golden West Property Mgmt. 6101 Ball Road, Ste. 301 Cypress, CA 90630	<b>INSURER A :</b> Sirius America Insurance		<b>38776</b>
	<b>INSURER B :</b> Liberty Mutual Insurance		<b>23043</b>
	<b>INSURER C :</b> PMA Insurance Group		<b>12262</b>
	<b>INSURER D :</b> Firemans Fund Insurance Co.		<b>21873</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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY	X		2824025	02/01/2017	02/01/2018	EACH OCCURRENCE \$ <b>1,000,000</b>		
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b>		
B	D&O Liability			CAP007220-0612	02/01/2017	02/01/2018	MED EXP (Any one person) \$ <b>5,000</b>		
	<b>1,000,000</b>						PERSONAL & ADV INJURY \$ <b>1,000,000</b>		
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							GENERAL AGGREGATE \$ <b>3,000,000</b>		
							PRODUCTS - COMP/OP AGG \$		
							\$		
A	AUTOMOBILE LIABILITY			2824025	02/01/2017	02/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>		
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS						<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	BODILY INJURY (Per person) \$	
							BODILY INJURY (Per accident) \$		
							PROPERTY DAMAGE (PER ACCIDENT) \$		
							\$		
D	UMBRELLA LIAB			SUO-000-2448-6821-13513-2	02/01/2017	02/01/2018	EACH OCCURRENCE \$ <b>2,000,000</b>		
	EXCESS LIAB						<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	AGGREGATE \$ <b>2,000,000</b>	
DED RETENTION \$							\$		
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			2017010597948Y	04/26/2017	04/26/2018	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						Y / N <input type="checkbox"/>	N / A	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>						
A	Property	X		2824025	02/01/2017	02/01/2018	<b>1,000 Ded</b>		
B	Fidelity Bond			CAC005455-0513	02/01/2017	02/01/2018	<b>5,000 Ded</b>		
							<b>1,004,000</b>		
							<b>500,000</b>		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The association has 115 units. Common areas only; common elements insured to 100% Replacement Cost, Special Form. Includes Building Ordinance or Law Coverage, and Severability of Interest. Property Management Additional Insured GL, D&O, and Fidelity Bond.

**CERTIFICATE HOLDER****CANCELLATION**

<b>GOLDENP</b>  <b>Golden West Property Management</b> 6101 Ball Road, Ste. 301 Cypress, CA 90630	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> Keith Hatch

