



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/05/2024

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 888-791-7069 Brian Berg Insurance Services (BBIS, Inc.) 25950 Acero, Suite 345 Mission Viejo, CA 92691	CONTACT NAME: Brian Berg PHONE (A/C, No, Ext): 888-791-7069 FAX (A/C, No): 877-203-6958 E-MAIL ADDRESS: Abby@bbisinc.com
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INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Capitol Specialty Ins Corp	10328
INSURER B : Great American Risk Solutions	35351
INSURER C : Lloyd's of London Underwriters	15792
INSURER D : Federal Insurance Company	20281
INSURER E : Philadelphia Indemnity Ins Co	18058
INSURER F : Manufacturers Alliance Ins Co	36897

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 E	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> D&O/\$1MM/\$5K Ded. GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		BR2024007001	02/26/2024	02/26/2025	EACH OCCURRENCE \$ 1,000,000
				PCAP0329770322	02/26/2024	02/26/2025	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							GL Ded. \$ 2,500
A	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	X		BR2024007001	02/26/2024	02/26/2025	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 checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X		G74693878	02/26/2024	02/26/2025	EACH OCCURRENCE \$ 5,000,000
							AGGREGATE \$ 5,000,000
							\$
G	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N N / A If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	TWC4375423	02/26/2024	02/26/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
							E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B F	Building/Property Fidelity Bond	X		CPPF17132700 4124011064815Y	02/26/2024 02/26/2024	02/26/2025 02/26/2025	71,538,512 2,500,000
							50,000 Ded. 2,500 Ded.

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

Association includes 152 units. Located in Laguna Beach, CA. Management Company included as Additional Insured on General Liability, Directors & Officers and Fidelity Bond policies. See 2nd page of certificate for additional coverages.

CERTIFICATE HOLDER <div style="text-align: center;">POWERST</div> <p>Powerstone Property Management, Inc. 9060 Irvine Center Drive Irvine, CA 92618</p>	CANCELLATION <p>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> <p>AUTHORIZED REPRESENTATIVE <i>Brian Berg</i></p>
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COVERAGE NOTES:

Replacement Cost
Walls in Coverage excluding personal belongings/betterments/improvements
Special Form
Severability Clause
Building Ordinance or Law - A, B & C Included
Inflation Guard
Boiler & Machinery/Equipment Breakdown
Waiver of Subrogation
No Co-Insurance
Wind/Hail coverage
Work Comp includes Board Members
30 day cancellation notice
10 day cancellation notice for non-payment
(C) Wildfire: \$2,000,000 effective 2/26/24 - 2/26/25
(G) Work Comp Carrier: Technology Insurance Company, Inc.- NAIC # 42376