



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/30/2024

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).

<b>PRODUCER</b> LaBarre/Oksnee Insurance 30 Enterprise, Suite 180 Aliso Viejo CA 92656	<b>CONTACT NAME:</b> <b>PHONE (A/C No. Ext):</b> 800-698-0711		<b>FAX (A/C, No):</b> 949-588-1275
	<b>E-MAIL ADDRESS:</b> info@hoa-insurance.com		
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURED</b> RIDEGAR-01 Riderwood Gardens HOA 360 Community Management 10769 Woodside Avenue, Ste 210 Santee CA 92071	<b>INSURER A:</b> United States Liability		25895
	<b>INSURER B:</b> Federal Insurance		20281
	<b>INSURER C:</b> The Hanover Insurance Co.		22292
	<b>INSURER D:</b> Accelerant National Insurance		10220
	<b>INSURER E:</b> PMA Insurance Group		12262
	<b>INSURER F:</b> Continental Casualty Company		20443

**COVERAGES**

CERTIFICATE NUMBER: 497516679

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			NPP1622594A	9/1/2024	9/1/2025	EACH OCCURRENCE	\$ 1,000,000
							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
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			G7479841A	9/1/2024	9/1/2025	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$ 10,000,000
								\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WZY-A721903-09	9/1/2024	9/1/2025	<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
D E F	Property Crime Directors and Officers			N030PR0030-01 4124011099910Y 618812340	9/1/2024 9/1/2024 9/1/2024	9/1/2025 9/1/2025 9/1/2025	\$10,000 Deductible \$10,000 Deductible \$10,000 Deductible	\$31,621,000 \$1,300,000 \$1,000,000

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

HOA consists of 224 units. Located in Santee, CA.

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

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

See Attached...

**CERTIFICATE HOLDER****CANCELLATION**
 360 Community Management  
 10769 Woodside Avenue, Ste 210  
 Santee CA 92071  
 USA

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

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**ADDITIONAL REMARKS SCHEDULE**

AGENCY LaBarre/Oksnee Insurance		NAMED INSURED Riderwood Gardens HOA 360 Community Management 10769 Woodside Avenue, Ste 210 Santee CA 92071	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

Bare Walls (Interior Coverage Excluded)

Coverage Includes:  
 Special form with 100% replacement cost  
 Guaranteed Replacement Cost  
 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  
 Waiver of Rights of Recovery  
 No Co-Insurance  
 D&O is a Claims-Made Policy  
 Hired and Non-Owned Auto Liability

Excess Crime/Fidelity Bond:  
 Excess Fidelity Bond Carrier: Great American Insurance Co.  
 Excess Fidelity Bond Policy Number: SSA-392-56-74-03285-09



## Riderwood Gardens HOA INSURANCE SUMMARY DISCLOSURE

Pursuant to Section 5300 (b)(9) of the California Civil Code, the Association is providing you with the following information regarding its insurance policies. Pursuant to Civil Code Section 5300 (a), this summary is being distributed not less than 30 days nor more than 90 days preceding the beginning of the Association's fiscal year.

### I. GENERAL LIABILITY INSURANCE

A.	Name of Insurer:	United States Liability
B.	Policy Limits:	\$1,000,000 per occurrence; \$2,000,000 aggregate
C.	Amount of Deductible (if any):	\$0
D.	Umbrella coverage, if applicable:	\$10,000,000
E.	Umbrella carrier:	Federal Insurance Company
F.	Policy dates:	9/1/2024 - 9/1/2025

### II. PROPERTY INSURANCE

A.	Name of Insurer:	Accelerant National Insurance Company
B.	Policy Limits:	\$31,621,000
C.	Amount of Deductible:	\$10,000
D.	Policy dates	9/1/2024 - 9/1/2025

### II. EARTHQUAKE INSURANCE

A.	Name of Insurer:	None
B.	Policy Limits:	
C.	Amount of Deductible:	
D.	Policy dates	

### III. FLOOD INSURANCE

A.	Name of Insurer:	None
B.	Policy Limits:	
C.	Amount of Deductible:	
D.	Policy dates	

### IV. FIDELITY BOND INSURANCE

A.	Name of Insurer:	PMA Insurance Group / Great American Insurance Company
B.	Policy Limits:	\$1,300,000
C.	Amount of Deductible:	\$10,000
D.	Policy dates	9/1/2024 - 9/1/2025

This summary of the association's policies of insurance provides only certain information, as required by Section 5300 of the Civil Code, and should not be considered a substitute for the complete policy terms and conditions contained in the actual policies of insurance. Any association member may, upon request and provision of reasonable notice, review the association's insurance policies and, upon request and payment of reasonable duplication charges, obtain copies of those policies. Although the association maintains the policies of insurance specified in this summary, the association's policies of insurance may not cover your property, including personal property or real property improvements to or around your dwelling, or personal injuries or other losses that occur within or around your dwelling. Even if a loss is covered, you may nevertheless be responsible for paying all or a portion of any deductible that applies. Association members should consult with their individual insurance broker or agent for appropriate additional coverage.

Pursuant to Section 5810 of the California Civil Code, if the association receives any notice of nonrenewal of a policy described in the annual budget report, the association shall immediately notify its members if replacement coverage will not be in effect by the date the existing coverage will lapse.