

LAKEVIL-11

**RMOSELEY** 

DATE (MM/DD/YYYY) 1/31/2024

## CERTIFICATE OF LIABILITY INSURANCE

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.

PRODUCER							CONTACT Rebecca Moseley NAME: PHONE (480) 244 2762 FAX (480) 720 4020							
The Mahoney Group - Mesa 1835 South Extension Road						PHONE (A/C, No	730-4929							
		Z 85210				E-MAIL ADDRESS: rmoseley@mahoneygroup.com								
									RDING COVERAGE		NAIC #			
						INSURE	R A : Philade	lphia Inder	nnity Ins. Co		18058			
INSU	IRED	Laborat de Verr			atatian to a	INSURER B:								
		Lakeside Village Condomini c/o Woodriver Properties	ium A	SSO	ciation, Inc.	INSURER C:								
		11150 W. Olympic Blvd, #97	0			INSURE	RD:							
		Los Angeles, CA 90064				INSURE	RE:							
						INSURE	RF:							
CO	VER	AGES CER	TIFIC	CATE	E NUMBER:				REVISION NUMBER	₹:				
IN C E	IDIC <i>A</i> ERTII	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	EQUI PER POLIC	REMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RE ED HEREIN IS SUBJE	SPECT TO CT TO ALI	O WHICH THIS			
INSR LTR	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		ADDL INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS	1,000,000			
Α	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$				
		CLAIMS-MADE X OCCUR	X		PHPK2649413		2/1/2024	2/1/2025	PREMISES (Ea occurrence	e) \$	100,000			
									MED EXP (Any one persor	) \$	5,000			
									PERSONAL & ADV INJUR	Y \$	1,000,000			
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000			
		POLICY PRO- JECT X LOC							PRODUCTS - COMP/OP A	GG \$	2,000,000			
	X	OTHER: \$10,000 Deductible							COMBINED SINGLE LIMIT	\$				
	AUT	TOMOBILE LIABILITY							(Ea accident)	\$				
		ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per pers	on) \$				
		AUTOS ONLY AUTOS							BODILY INJURY (Per accid	dent) \$				
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$				
										\$				
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$				
		EXCESS LIAB CLAIMS-MADE	-						AGGREGATE	\$				
		DED RETENTION \$							DED O	\$				
	WOR AND	RKERS COMPENSATION DEMPLOYERS' LIABILITY Y/N							PER OT STATUTE ER	H-				
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$				
	1.	ICER/MEMBER EXCLUDED? Indatory in NH) s, describe under							E.L. DISEASE - EA EMPLO	OYEE \$				
	DES	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LI	MIT \$				
	1													

coverage is included on both General Liability and Umbrella Liability and not subject to a sublimit; 30 day notice of cancellation, 10 days for non-payment of premium. \$10,000 General Liability Deductible.

CERTIFICATE HOLDER	CANCELLATION					
Vision Community Management 16625 S. Desert Foothills Parkway Phoenix. AZ 85048	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
1 1100111X, AZ 03040	AUTHORIZED REPRESENTATIVE					
	- All					



## **EVIDENCE OF COMMERCIAL PROPERTY INSURANCE**

DATE (MM/DD/YYYY) 1/31/2024

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

THE COVERAGE AFFORDED BY THE POLICIES BELOW THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIV							E A CONTR	ACT BETWEEN	
PRODUCER NAME, CONTACT PERSON AND ADDRESS PHONE (A/C, No, Ext): (480) 730-4920				COMPANY NAME AND ADDR			NAIC NO: 1	8058	
The Mahoney Group - Mesa 1835 South Extension Road Mesa, AZ 85210		Philadelphia Indemnity Ins. Co One Bala Plaza Suite 100 Bala Cynwyd, PA 19004-1403							
Contact name: Rebecca Moseley									
FAX (480) 730-4020 E-MAIL				IE MILL TIDLE	004041150 004	DI ETE 0ED /	DATE CODM CO	.D. E.A.O.I.	
					COMPANIES, COM	PLETE SEPA	KATE FORM FO	R EACH	
CODE: SUB CODE:				POLICY TYPE	10				
AGENCY CUSTOMER ID #: LAKEVIL-11				Commercial Package					
NAMED INSURED AND ADDRESS  Lakeside Village Condominium Association, Inc. c/o Woodriver Properties				LOAN NUMBER POLICY NUMBER PHPK2649413					
11150 W. Olympic Blvd, #970 Los Angeles, CA 90064				EFFECTIVE DATE 2/1/2024	EXPIRATION DATE  2/1/2025  CONTINUED UNTIL TERMINATED IF CHE				
ADDITIONAL NAMED INSURED(S)				THIS REPLACES PRIOR EVIDENCE DATED:					
PROPERTY INFORMATION (ACORD 101 may be attached i	f mo	re sp	oace	is required) X BUILDING OR D BUSINESS PERSONAL PROP					
LOCATION / DESCRIPTION Lakeside Village Condominium Association, Inc., 855 N. Do THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSU ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OF BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE	UED T R OTH E POL	O TH	IE INS	SURED NAMED ABOVE FO MENT WITH RESPECT TO CRIBED HEREIN IS SUBJ	WHICH THIS EV	IDENCE O	F PROPERTY	INSURANCE MAY	
OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY	_		AINS.						
COVERAGE INFORMATION PERILS INSURED		SIC	404	BROAD X SPECIA	AL		ED E 000		
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$	21,1	ΤÍ				ט	ED: <b>5,000</b>		
DIJUNESO INCOME DENITAL VALUE	YES	NO		KVEO LIMIT.		A -4		-l. # -f	
BUSINESS INCOME RENTAL VALUE	+	Х		If YES, LIMIT:				d; # of months:	
BLANKET COVERAGE	X			If YES, indicate value(s) rep		identified a	above: \$	21,100,464	
TERRORISM COVERAGE	X	V		Attach Disclosure Notice / [	DEC				
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	+	X							
IS DOMESTIC TERRORISM EXCLUDED?	+	X		KVEO LIMIT			DED		
LIMITED FUNGUS COVERAGE	<del></del>	Х		If YES, LIMIT:			DED:		
FUNGUS EXCLUSION (If "YES", specify organization's form used)  REPLACEMENT COST	X								
AGREED VALUE	X								
COINSURANCE	X			If YES, 100%					
EQUIPMENT BREAKDOWN (If Applicable)	X			If YES, LIMIT:	21,100,464	L	DED:	5,000	
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	X			If YES, LIMIT:	21,100,464		DED:	5,000	
- Demolition Costs	$\frac{\lambda}{X}$			If YES, LIMIT:	21,100,101		DED:	5,000	
- Incr. Cost of Construction	X			If YES, LIMIT:			DED:	5,000	
EARTH MOVEMENT (If Applicable)	<b>_^</b>	Х		If YES, LIMIT:			DED:	0,000	
FLOOD (If Applicable)	+	X		If YES, LIMIT:			DED:		
WIND / HAIL INCL X YES NO Subject to Different Provisions:	+	X		If YES, LIMIT:			DED:	5,000	
NAMED STORM INCL X YES NO Subject to Different Provisions:	+	X		If YES, LIMIT:			DED:	5,000	
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	X						<u> </u>		
CANCELLATION									
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES DELIVERED IN ACCORDANCE WITH THE POLICY PROVISION			NCE	LLED BEFORE THE I	EXPIRATION D	DATE TH	EREOF, NO	TICE WILL BE	
ADDITIONAL INTEREST	-								
				LENDER SERVICING AGENT NAME AND ADDRESS					
MORTGAGEE    MORTGAGEE   CONDO   CONDO									
NAME AND ADDRESS									
Wilden O. W. M.									
Vision Community Management 16625 S. Desert Foothills Pkwy Phoenix, AZ 85048									
				AUTHORIZED REPRESENTATIVE					

GENCY	CUSTOMER	ID: LAKEVIL-11
GENCY	COSTONER	ID: FUILE II

**RMOSELEY** 

LOC #:



## ADDITIONAL REMARKS SCHEDULE

Page \_ 1\_ of \_ 1

AGENCY The Makeyer Crown Mass		NAMED INSURED Lakeside Village Condominium Association, Inc. c/o Woodriver Properties 11150 W. Olympic Blvd, #970 Los Angeles, CA 90064					
The Mahoney Group - Mesa							
PHPK2649413		Los Angeles, CA 90064					
CARRIER	NAIC CODE						
Philadelphia Indemnity Ins. Co	18058	EFFECTIVE DATE: 02/01/2024					
ADDITIONAL REMARKS	ļ	02/01/2024					
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO AC	ORD FORM						
FORM NUMBER: ACORD 28 FORM TITLE: EVIDENCE OF CO		OPERTY INSURANCE					
TOKIN NOMBER. TOKIN TITEE.							
Special Conditions: Building Ordinance or Law Coverage A is included up to building limit; Building Ordinance or Law Coverage B&C Combined \$3,000,000; Equipment Breakdown coverage included; 30 Day notice of cancellation; 10 Days for non-payment of premium							