



CERTIFICATE OF LIABILITY INSURANCE

JGREEN

DATE (MM/DD/YYYY)

12/12/2024

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.

RI	REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.											
If	SUE	RTANT: If the certificate holds BROGATION IS WAIVED, subjectificate does not confer rights	ct to	the	terms and conditions of	the po	licy, certain ¡	policies may				
PRODUCER							CONTACT NAME:					
Socher Insurance Agency, Inc.						PHONE (A/C, No, Ext): (877) 317-9300 FAX (A/C, No): (877) 3				317-9305		
7901 Stoneridge Drive, Suite 403 Pleasanton, CA 94588							EMAIL ADDRESS: info@hoainsurance.net					
·						INSURER(S) AFFORDING COVERAGE				NAIC #		
					INSURER A : United States Liability Insurance Company							
INSURED							INSURER B : Great American Insurance Group Surplus Lines					
Fine Avenue Townhouses H RealManage Family of Bran 16625 S Desert Foothills Pk						INSURER C :						
				/isior	n Community Manageme	INSURER D :						
Phoenix, AZ 85048			[INSURER E :						
·						INSURER F:						
CO	/ER	AGES CEF	CATE	NUMBER:	REVISION NUMBER:							
IN CE	DICA ERTIF	S TO CERTIFY THAT THE POLICI NTED. NOTWITHSTANDING ANY I FICATE MAY BE ISSUED OR MAY ISIONS AND CONDITIONS OF SUCH	REQUI PER POLI	REMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RES	PECT TO	WHICH THIS	
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)				
Α	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR			NPP1639632		12/11/2024	12/11/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
									MED EXP (Any one person)	\$	5,000	
									PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	I'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AC	G \$	2,000,000	
		OTHER:								\$		
Α	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO NPP1639632			NPP1639632		12/11/2024	12/11/2025	BODILY INJURY (Per perso	ı) \$			
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accide	nt) \$		
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		

UMBRELLA LIAB OCCUR **EACH OCCURRENCE EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY OTH-ER PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 12/11/2024 12/11/2025 Ded: 1,000 **Directors & Officers** S000620839 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Please see Certificate of Property, Acord 24, for property values.

CERTIFICATE HOLDER	CANCELLATION				
For Informational Purposes Only	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				



12/6/2024

Fine Avenue Townhouses Homeowners Association

Civil Code 5300(b)(9) Disclosure Summary Form

Property: No Coverage through our Agency.

General Liability: USLI: 12/11/2024 - 12/11/2025

\$1,000,000 per Occurrence/ \$2,000,000 General Aggregate with a \$0 Deductible. Non-Owned and Hired

Automobile Liability is included in this policy.

<u>Umbrella Liability:</u> No Coverage through our Agency.

<u>Directors' and Officers' Liability</u>: Great American Insurance Company: 12/11/2024 - 12/11/2025 \$1,000,000 per Occurrence/General Aggregate with a \$1,000 Retention per Occurrence.

Employee Dishonesty: No Coverage through our Agency.

Workers' Compensation: No Coverage through our Agency.

Equipment Breakdown Coverage: No Coverage through our Agency.

<u>Earthquake Insurance:</u> No Coverage through our Agency.

Flood: No Coverage through our Agency.

This summary of the Association's policies of insurance provides only certain information 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.

For lender and/or unit specific Evidence of Insurance please call EOI Direct at 877-456-3643. For general proof of insurance please contact Socher Insurance at 877-317-9300