



CERTIFICATE OF LIABILITY INSURANCE

OP ID: TC

DATE (MM/DD/YYYY)

09/21/2023

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).

| | | | |
|--|--|--|--|
| PRODUCER Segal Insurance Agency, Inc. CA License 0E24660 15233 Ventura Blvd, Suite 1308 Sherman Oaks, CA 91403 Steven G. Segal | | CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: SEVIEW1 | |
| INSURED Sea View Villas HOA C/O Board of Directors 736 Gould Ave #29 Hermosa Beach, CA 90254 | | INSURER(S) AFFORDING COVERAGE INSURER A: Farmers Insurance INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | |
| | | NAIC # 21652 | |

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 | | 60119-45-42 | 10/19/2024 | 10/19/2025 | EACH OCCURRENCE \$ 2,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | MED EXP (Any one person) \$ 5,000 |
| | <input checked="" type="checkbox"/> DIRECTORS AND OFFICERS | | | | | | PERSONAL & ADV INJURY \$ 2,000,000 |
| A | GEN'L AGGREGATE LIMIT APPLIES PER: | X | | 60119-45-42 | 10/19/2024 | 10/19/2025 | GENERAL AGGREGATE \$ 4,000,000 |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | | | | | | | D&O LIAB \$ 2,000,000 |
| | | | | | | | |
| A | AUTOMOBILE LIABILITY | | | 60119-45-42 | 10/19/2024 | 10/19/2025 | COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | | | BODILY INJURY (Per accident) \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | | | PROPERTY DAMAGE (PER ACCIDENT) \$ |
| A | <input checked="" type="checkbox"/> HIRED AUTOS | | | 60119-45-42 | 10/19/2024 | 10/19/2025 | |
| | <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | UMBRELLA LIAB | | | | | | EACH OCCURRENCE \$ |
| | EXCESS LIAB | | | | | | AGGREGATE \$ |
| | DEDUCTIBLE | | | | | | \$ |
| | RETENTION \$ | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | WC STATU-TORY LIMITS \$ |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | | OTHER \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. EACH ACCIDENT \$ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| A | BUILDING | | | 60119-45-42 | 10/19/2024 | 10/19/2025 | E.L. DISEASE - POLICY LIMIT \$ |
| | FIDELITY BOND | | | | | | |
| | | | | | | | 10K DED 17,779,500 |
| | | | | | | | 450,000 |

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

PROPERTY ADDRESSES LOCATED AT: 736 GOULD AVE., HERMOSA BEACH, CA 90254
WALLS IN IMP & BET. 33 UNITS, SEVERABILITY CLAUSE INCL. 150% EXT REPL COST,
BLDG ORDINANCE OR LAW/INFLATION GUARD COVERAGE INCL, COMPUTER FRAUD & FUNDS
TRANSFER FRAUD INCL

CERTIFICATE HOLDER**CANCELLATION**

TO SERVE AS PROOF
OF INSURANCE

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

Steven G. Segal

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