



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/06/2021

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 Cline Agency Insurance Brokers 12400 Wilshire Blvd. Suite #200 Los Angeles CA 90025	CONTACT NAME: Jose H Glez PHONE (A/C. No. Ext): (877) 456-3643 E-MAIL ADDRESS: help@eoidirect.com	FAX (A/C. No.):	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED (949) 838-3204 Carlton Square HOA c/o: Keystone Pacific Property Mgmt 16775 Von Karman Ave. Suite 100 Irvine CA 92606	INSURER A: Philadelphia Indemnity Ins. Co		
	INSURER B: Greenwich Insurance Co		
	INSURER C: Travelers Property Casualty Co.		
	INSURER D: Great American Insurance Co		
	INSURER E: Travelers Casualty & Surety Co		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** Cert ID 16959 **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 <input checked="" type="checkbox"/> General Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2224094	01/09/2021	01/09/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2224094	01/09/2021	01/09/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PPP7477335	01/09/2021	01/09/2022	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000 In Excess of GL DO \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Property/Buildings			PHPK2224094	01/09/2021	01/09/2022	Ded. = \$25,000 \$ 138,600,000
AD	Crime/Fidelity Bond			PCAC0131980121	01/09/2021	01/09/2022	Ded. = \$25,000 \$ 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 470 Units | Special Form. 125% Extended Replacement Cost. Agreed Amount. Coinsurance = N/A
 Property management company is an additional Insured in regards to liability. Fidelity Bond and D&O liability coverage extends to Property Manager.
 Included: Separation of Insureds; Ordinance or Law (A,B,C); Equipment Breakdown.
 Coverage is WALLS-IN, Any of the following types of property contained within a unit, regardless of ownership: fixtures, installations or additions comprising a part of the building within the unfinished interior surfaces of the perimeter walls, floor and ceilings of individual condominium units initially installed, or replacements thereof, in accordance with the original condominium plans and specifications.

CERTIFICATE HOLDER	CANCELLATION
	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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DESCRIPTION OF OPERATIONS SECTION CONTINUED

DATE
01/06/2021

CERTIFICATE HOLDER:

INSURED:

Carlton Square HOA

c/o: Keystone Pacific Property Mgmt
Irvine CA 92606

DESCRIPTION OF OPERATIONS CONTINUED:

Building does not include personal property owned by, used by or in the care, custody or control of a unit-owner.

Individual unit owners are encouraged to inquire with their personal insurance agents regarding recommended HO-6 coverage.

Primary crime coverage \$1,000,000 (Philadelphia # PCAC0131980121) with excess of \$4,000,000 (Great American # SU000449732)