



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/24/2020

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).

<b>PRODUCER</b> <b>Menath Insurance</b> 333 Village Blvd. Suite 203 Incline Village NV 89451	<b>CONTACT NAME:</b> Lori Nelson <b>PHONE (A/C No. Ext):</b> (775)831-3132 <b>E-MAIL ADDRESS:</b> lnelson@menath.com		<b>FAX (A/C No):</b> (775)870-1275
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> <b>Verdera Homeowners Association</b> 1875 Ladera Drive, Suite 4 Lincoln CA 95648	<b>INSURER A:</b> Philadelphia Insurance Company		18058
	<b>INSURER B:</b> Great American Alliance Ins Co		26832
	<b>INSURER C:</b> AmTrust North America		15954
	<b>INSURER D:</b> GIG/Philadelphia Insurance		18058
	<b>INSURER E:</b> Travelers Insurance		25666
	<b>INSURER F:</b>		

**COVERAGES**

CERTIFICATE NUMBER: CL1411314139

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			PHPK2208937; Association	01/25/2021	01/25/2022	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			Has 614 Single-Family Residences/Lots. Coverage on Community Property + Buildings Only. \$5,000			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
E	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			Ded. \$1,771,096 Bldg. Cov	01/25/2021	01/25/2024	MED EXP (Any one person)	\$ 5,000
	Special Form			Crime Policy 105886612			PERSONAL & ADV INJURY	\$ 1,000,000
A	AUTOMOBILE LIABILITY			PHPK2208937	01/25/2021	01/25/2022	GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				PRODUCTS - COMP/OP AGG	\$ 2,000,000
B	<input checked="" type="checkbox"/> HIRED AUTOS				01/25/2021	01/25/2022	EMPLOYEE DISHONESTY	\$ 1,000,000
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
C	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE		UM3289353	01/25/2021	01/25/2022	BODILY INJURY (Per person)	\$
	DED	RETENTION \$					BODILY INJURY (Per accident)	\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N	N/A	TWC3908359	10/24/2020	10/24/2021	PROPERTY DAMAGE (Per accident)	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						WC STATUTORY LIMITS	OTHER
A	Directors + Officers Liab			PCAP014781-0318	10/24/2020	10/24/2021	E.L. EACH ACCIDENT	\$ 1,000,000
	Bldg.; Replacement Cost			PHPK2208937	01/25/2021	01/25/2022	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
							Claims Made, \$5,000 Retention	\$3,000,000
							Blanket Building \$5,000 Ded	\$1,771,096

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

**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

Lori Nelson/CL