



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/14/2016

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> LaBarre/Oksnee Insurance KH License # 0C84283 30 Enterprise #180 Aliso Viejo, CA 92656 Keith Hatch	<b>CONTACT NAME:</b> Keith Hatch <b>PHONE (A/C, No, Ext):</b> 800-698-0711 <b>FAX (A/C, No):</b> 949-588-1275 <b>E-MAIL ADDRESS:</b>  <table style="width: 100%;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A : <b>QBE Insurance Corporation</b></td> <td style="text-align: center;"><b>39217</b></td> </tr> <tr> <td>INSURER B : <b>Liberty Mutual Insurance</b></td> <td style="text-align: center;"><b>23043</b></td> </tr> <tr> <td>INSURER C : <b>Firemans Fund Insurance Co.</b></td> <td style="text-align: center;"><b>21873</b></td> </tr> <tr> <td>INSURER D : <b>PMA Insurance Group</b></td> <td style="text-align: center;"><b>12262</b></td> </tr> <tr> <td>INSURER E : <b>Scottsdale Insurance Company</b></td> <td style="text-align: center;"><b>15580</b></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : <b>QBE Insurance Corporation</b>	<b>39217</b>	INSURER B : <b>Liberty Mutual Insurance</b>	<b>23043</b>	INSURER C : <b>Firemans Fund Insurance Co.</b>	<b>21873</b>	INSURER D : <b>PMA Insurance Group</b>	<b>12262</b>	INSURER E : <b>Scottsdale Insurance Company</b>	<b>15580</b>	INSURER F :	
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<b>INSURED</b> <b>Sundance HOA</b> <b>c/o Transpacific Mgmt.</b> <b>15661 Red Hill Ave, Suite 201</b> <b>Tustin, CA 92780-7300</b>															

**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 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	X		CAU224472-3	11/10/2016	11/10/2017	EACH OCCURRENCE \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b>
B	<input checked="" type="checkbox"/> <b>D&amp;O (\$1,000,000)</b> <b>\$1,000 Ded</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CAP010404-0512	11/10/2016	11/10/2017	MED EXP (Any one person) \$ <b>5,000</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
							GENERAL AGGREGATE \$ <b>Unlimited</b>
							PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>
							\$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS			CAU224472-3	11/10/2016	11/10/2017	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB			SUO-000-3221-8307-2651-5	11/10/2016	11/10/2017	EACH OCCURRENCE \$ <b>5,000,000</b>
							AGGREGATE \$ <b>5,000,000</b>
							\$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	2016010658641Y	11/10/2016	11/10/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
							E.L. EACH ACCIDENT \$ <b>1,000,000</b>
							E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b>
							E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
A	<b>Property *</b>			CAU224472-3	11/10/2016	11/10/2017	<b>10K Ded</b> <b>43,900,000</b>
E	<b>Earthquake</b>			TBA	11/10/2016	11/10/2017	<b>15% Ded</b> <b>5,000,000</b>

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

Association has 190 Units in Cerritos, CA. Property policy is Single Entity (walls-in excluding improvements) with 100% Replacement Cost, Special Form coverage. Includes \*Guaranteed Replacement Cost, Building Ordinance or Law Coverage, and Severability of Interest. Property Management Additional Insured.

**CERTIFICATE HOLDER****CANCELLATION**

<b>TRANSPF</b>  <b>Transpacific Management</b> <b>15661 Red Hill Ave, Suite 201</b> <b>Tustin, CA 92780-7300</b>	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 <b>Keith Hatch</b>
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