



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/23/2017

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).

<b>PRODUCER</b> LaBarre/Oksnee Insurance KH License # 0C84283 30 Enterprise #180 Aliso Viejo, CA 92656 Keith Hatch	<b>800-698-0711</b>	<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>																					
<b>INSURED</b> Sundance HOA c/o The Management Trust 15661 Red Hill Ave, Suite 201 Tustin, CA 92780-7300		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A :</td> <td>American Alternative Insurance</td> <td>19720</td> </tr> <tr> <td>INSURER B :</td> <td>Liberty Mutual Insurance</td> <td>23043</td> </tr> <tr> <td>INSURER C :</td> <td>Firemans Fund Insurance Co.</td> <td>21873</td> </tr> <tr> <td>INSURER D :</td> <td>Scottsdale Insurance Company</td> <td>15580</td> </tr> <tr> <td>INSURER E :</td> <td>PMA Insurance Group</td> <td>12262</td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	American Alternative Insurance	19720	INSURER B :	Liberty Mutual Insurance	23043	INSURER C :	Firemans Fund Insurance Co.	21873	INSURER D :	Scottsdale Insurance Company	15580	INSURER E :	PMA Insurance Group	12262	INSURER F :		
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### 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 <b>B</b> <input checked="" type="checkbox"/> <b>D&amp;O (\$1,000,000)</b> <input type="checkbox"/> \$1,000 Ded GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		CAU503078-1 CAP010404-0612	11/10/2017 11/10/2017	11/10/2018 11/10/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ Unlimited PRODUCTS - COMPI/OP AGG \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CAU503078-1	11/10/2017	11/10/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	X		SUO00032271991-2651-6	11/10/2017	11/10/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
E	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	2017010658641Y	11/10/2017	11/10/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property *			CAU503078-1	11/10/2017	11/10/2018	10K Ded 43,925,000
E	Earthquake			CIS0343756	11/10/2017	11/10/2018	15% Ded 5,000,000

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 on GL and D&O.

<b>CERTIFICATE HOLDER</b>  <b>TRANSFP</b>  The Management Trust 15661 Red Hill Ave, Suite 201 Tustin, CA 92780-7300	<b>CANCELLATION</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 Keith Hatch
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