

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/10/2021

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to				•	• •	•	equire an endorsemen	t. A st	atement on		
PRODUCER						CONTACT NAME:						
Michael Geffre Insurance Agency						PHONE (A/C, No, Ext): 949-494-7261 FAX (A/C, No): 949-494-4481						
32392 Coast Hwy Ste 260						E-MAIL ADDRESS:						
Laguna Beach, CA 92651					INSURER(S) AFFORDING COVERAGE NAIC #							
						INSURER A: TRUCK INSURANCE EXCHANGE				21709		
INSURED						INSURER B:						
DANA BY THE SEA HOMEOWNERS ASSOCIATION 24412 ALTA VISTA DRIVE UNIT 17						INSURER C:						
						INSURER D :						
DANA POINT, CA 92629												
	27.11.7.1 (3.1.1.1, 6.7.1.0.2.0.2.0				INSURER E:							
COVERAGES CERTIFICATE NUMBER:						INSURER F: REVISION NUMBER:						
			/E BEEI	E BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD								
IN CE	IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH	QUIR PERT POLIC	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES EDUCED BY I	OR OTHER DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPE	CT TO	WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY)				IMITS			
Α	COMMERCIAL GENERAL LIABILITY			014892669			12/11/2022	EACH OCCURRENCE	\$ 1,00	00,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	,000		
								MED EXP (Any one person)	\$ 5,00	00		
								PERSONAL & ADV INJURY	s INC	LUDED		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,0	00,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 1,00	00,000		
	OTHER:								\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	-		
	ANY AUTO							BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$			
	AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
	AUTOS ONLY							(i ei accident)	\$			
Α	UMBRELLA LIAB OCCUR			015017805		12/11/2021	12/11/2022	EACH OCCURRENCE	s 1,0	00,000		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$							-	\$			
	WORKERS COMPENSATION							PER OTH- STATUTE ER	Ĺ			
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
Α	D&O			0148922669		12/11/2021	12/11/2022	AGGREGATE		00,000		
Α	FIDELITY			014892669		12/11/2021	12/11/2022	LIMIT		5,000		
										•		
DESC	DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
	LDING PROPERTY: \$16,060,700 / 125							•	E OR L	AW /		
	STER POLICY INCLUDES WALLS-IN											
	erest /					•	-	•		-		
NUMBER OF BUILDINGS, 2 / NUMBER OF UNITS, 24												

NUMBER OF BUILDINGS: 3 / NUMBER OF UNITS: 21

UNIT OWNER: UNIT DESCRIPTION:

CERTIFICATE HOLDER	CANCELLATION
DANA BY THE SEA HOMEOWNERS ASSOCIATION 24412 ALTA VISTA DR DANA POINT, CA 92629	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