



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/28/2018

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 Glez	
	PHONE (A/C, No, Ext): (800) 966-9566	FAX (A/C, No): (800) 736-3830
	E-MAIL ADDRESS: info@clineagency.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Sirius America Insurance Co.	
	INSURER B: National Surety Corporation	
INSURED Montage at Mission Hills - Tract 29771 c/o Personalized Property Management 68950 Adeline Road Cathedral City CA 92234	INSURER C: Hanover American Insurance Co.	
	INSURER D: Liberty Mutual Insurance Co.	
	INSURER E: Travelers Casualty & Surety Co.	
	INSURER F:	
	NAIC #	

COVERAGES **CERTIFICATE NUMBER:** Cert ID 6627 **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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			2813260	09/30/2018	09/30/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/POP AGG \$ Included \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			2813260	09/30/2018	09/30/2019	COMBINED SINGLE LIMIT (Ea accident) \$ Included BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			SU000049054554	09/30/2018	09/30/2019	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 In Excess of GL DO \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WZ3A731630	09/30/2018	09/30/2019	<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
D	Crime/Fidelity Bond			CAC0130640415	09/30/2018	09/30/2019	Ded. \$5,000 \$ 250,000
E	Directors & Officers			106987143	09/30/2018	09/30/2019	Ded. \$7,500 \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Special Form. The Association's coverage extends to the Common Area Exposures ONLY. The Replacement Cost Endorsement states that the carrier will pay a Claim with no deduction for depreciation, per policy forms. (100% of property's insured value - but no more.) Equipment Breakdown: Included. Ordinance or Law: Included. Based on our underwriting records there are 128 units/homes in this Association. - Personalized Property Management is hereby named as additional insured with regards to the liability policies, per policy forms. Personalized Property Management is hereby named as additional insured with regards to the crime/fidelity bond policy, per policy endorsements 7, 8, and 9; which serve to extend coverage to the management firm and its employees.

CERTIFICATE HOLDER Additional Insured: Personalized Property Management 68950 Adeline Road Cathedral City CA 92234	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 

CERTIFICATE COVERAGES OVERFLOW

DATE (MM/DD/YYYY)
09/28/2018

PRODUCER Cline Agency Insurance Brokers 12400 Wilshire Blvd. Suite 200 Los Angeles CA 90025	INSURED Montage at Mission Hills - Tract 29771 c/o Personalized Property Management 68950 Adeline Road Cathedral City CA 92234
CONTACT NAME: Jose Glez	PHONE (A/C, No, Ext): (800) 966-9566
PHONE (A/C, No, Ext):	

ADDITIONAL COVERAGES

CERTIFICATE NUMBER: Cert ID 6627

REVISION NUMBER:

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	Common Property ONLY			2813260	09/30/2018	09/30/2019	Ded. \$1,000 \$ 172,500
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