

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/25/2024

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.

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th	is certificate does not confer rights to	o the	certi	ificate holder in lieu of si).				
PRODUCER					CONTACT NAME:						
LaBarre/Oksnee Insurance 30 Enterprise, Suite 180				PHONE (A/C, No, Ext): 800-698-0711 FAX (A/C, No): 949-588-1275						3-1275	
	so Viejo CA 92656				E MANIE	ss: proof@ho		com			
	•					INS	URER(S) AFFOR	DING COVERAGE			NAIC#
					INSURE	RA: Travelers	s Casualty Ins	surance C			19046
INSU				VILLTEM-05	INSURE	кв: PMA Ins	urance Group)			12262
	a Tempra Owners Association, Inc Board of Directors				INSURE	кс: Philadelp	hia Indemnit	y Ins. Co			18058
	35 La Tempra Corte				INSURE	R D :		-			
	ula Vista CA 91911				INSURE	RE:					
					INSURE						
CO	VERAGES CER	TIFIC	CATE	NUMBER: 485175020				REVISION NU	MBER:		
IN Cl	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REETIFICATE MAY BE ISSUED OR MAY KOLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH	H RESPEC	CT TO V	WHICH THIS
INSR	TYPE OF INSURANCE	ADDL	SUBR		DELITI	POLICY EFF	POLICY EXP		LIMIT	<u> </u>	
LTR A	X COMMERCIAL GENERAL LIABILITY	INSD Y	WVD	POLICY NUMBER 6807E4993402442		7/11/2024	7/11/2025	EACH OCCURRENG		\$ 2,000	000
	CLAIMS-MADE X OCCUR			111.2.000.02112			.,, 2020	DAMAGE TO RENT	ED	\$ 300,0	,
	CEANVIS-IVIADE CCCOR							PREMISES (Ea occi		\$ 5,000	30
								PERSONAL & ADV		\$ 2,000	000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$4,000	
	POLICY PRO- JECT LOC							PRODUCTS - COM		\$4,000	-
	OTHER:							T RODOCTO - COM	1701 A00	\$	000
Α	AUTOMOBILE LIABILITY			6807E4993402442		7/11/2024	7/11/2025	COMBINED SINGLE (Ea accident)	LIMIT	\$2,000	,000
	ANY AUTO							BODILY INJURY (Po	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Po	er accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAO (Per accident)	ЭE	\$	
	AUTOS GNET							(i oi dooldoni)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENG	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION\$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$	
	(Mandatory in NH)	,,						E.L. DISEASE - EA I	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
A B C	Property Crime/Fidelity Bond Directors and Officers	Y		6807E4993402442 4124011094333Y PCAP007696-0618		7/11/2024 7/11/2024 7/11/2024	7/11/2025 7/11/2025 7/11/2025	\$2,500 Deductible \$2,500 Deductible \$1,000 Deductible		\$11,09 \$200,0 \$1,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL				le, may be	attached if more	space is require	ed)	<u></u>		
HU	A consists of 36 units. Located in Chula	VISI	a, CA	. .							
See	e 2nd page of certificate of insurance for	furth	er co	verage information.							
See	e Attached										
CE	RTIFICATE HOLDER				CANO	ELLATION					
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	EVIDENCE OF INSURANCE	- ⊏			AUTHO	RIZED REPRESEI	NTATIVE				
				50.00/							

		OLIOTOMED		VIII TENA OF
А	GENCY	CUSTOMER	ID:	VILLTEM-05

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page _ 1 _ of _ 1

AGENCY	NAMED INSURED		
LaBarre/Oksnee Insurance	Villa Tempra Owners Association, Inc c/o Board of Directors		
POLICY NUMBER	1335 La Tempra Corte Chula Vista CA 91911		
CARRIER NAIC CODE			
		EFFECTIVE DATE:	

	1						
		EFFECTIVE DATE:					
ADDITIONAL REMARKS							
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM.						
FORM NUMBER: 25 FORM TITLE: CERTIFICATE O		ISURANCE					
PORM NOMBER PORM TITLE							
Single Entity Coverage (Walls In, excluding Improvements and Be	tterments)						
Coverage Includes: Special Form with 100% Replacement Cost *Extended Replacement Cost increases the property limit to \$13,8							
I\//ind/Hail							
Building Ordinance or Law A+B+C							
Inflation Guard and/or limits are reviewed yearly to ensure 100% re	eplacement Co	st					
Equipment Breakdown Building Ordinance or Law A+B+C Inflation Guard and/or limits are reviewed yearly to ensure 100% re Severability of Interest / Separation of Insureds Computer Fraud & Funds Transfer Fraud Waiver of Rights of Recovery							
INO CO-INSUIANCE							
D&O is a Claims-Made Policy							



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/25/2023

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th	is certificate does not confer rights	o the	cert	ificate holder in lieu of su)				
PRODUCER						CONTACT NAME:					
LaBarre/Oksnee Insurance					PHONE (A/C, No	o, Ext): 800-698	3-0711	FAX (A/C	. No): 949	-588-1275	
	30 Enterprise, Suite 180 Aliso Viejo CA 92656					ss: proof@ho			, , .		
/					7,22,1,2			DING COVERAGE		NAIC#	
					INCLIDE	RA: Travelers				19046	
INSU	RED			VILLTEM-05		RB: PMA Ins				12262	
Villa	a Tempra Owners Association, Inc										
	Board of Directors					Rc: Philadelp	onia indemnit	y ins. Co		18058	
	35 La Tempra Corte ula Vista CA 91911				INSURE						
Cili	dia vista CA 91911				INSURE	RE:					
					INSURE	RF:					
_				NUMBER: 74445491				REVISION NUMBE			
IN CE	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIES	OR OTHER I	DOCUMENT WITH RE	SPECT 1	TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMITS		
A	X COMMERCIAL GENERAL LIABILITY	Y	WVD	6807E4993402342		7/11/2023	7/11/2024	EACH OCCURRENCE		,000,000	
				000. 2.1000.1020.2		.,,2020	,,,_0	DAMAGE TO RENTED		00,000	
	CLAIMS-MADE A OCCUR							PREMISES (Ea occurrence			
								MED EXP (Any one perso		,000	
								PERSONAL & ADV INJUR		,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP		,000,000	
	OTHER:							COMBINED SINGLE LIMI	\$ IT		
Α	AUTOMOBILE LIABILITY			6807E4993402342		7/11/2023	7/11/2024	(Ea accident)	Φ ∠,	,000,000	
	ANY AUTO							BODILY INJURY (Per per	rson) \$		
	OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per acc	cident) \$		
	X HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION								TH-		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPL			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY L			
Α	Property			6807E4993402342		7/11/2023	7/11/2024	\$2,500 Deductible	\$	10,182,970*	
АВС	Crime/Fidelity Bond Directors and Officers	Y		4123011094333Y PCAP007696-0618		7/11/2023 7/11/2023	7/11/2024 7/11/2024	\$2,500 Deductible \$1,000 Deductible		200,000 1,000,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC				le, may b	e attached if more	e space is require	ed)			
HO	A consists of 36 units. Located in Chul-	a visi	a, CA								
See	2nd page of certificate of insurance fo	furth	er co	verage information.							
See	Attached										
CEF	RTIFICATE HOLDER				CANO	CELLATION					
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	EVIDENCE OF INSURAN	CE			AUTHO	RIZED REPRESEI	NTATIVE				
						Saur					

ACENICY	CUSTOMER	ID.	1/11	
AGENCI	CUSTOMER	ID:	VILL	. 1 🗀 101-03

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY LaBarre/Oksnee Insurance	NAMED INSURED Villa Tempra Owners Association, Inc c/o Board of Directors 1335 La Tempra Corte Chula Vista CA 91911		
POLICY NUMBER			
CARRIER NAIC CODE			
		EFFECTIVE DATE:	

CARRIER	NAIC CODE	
		EFFECTIVE DATE:
ADDITIONAL REMARKS		
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM	
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF	F LIABILITY IN	SURANCE
PORINI NOWIBER PORINI TITLE		
Single Entity Coverage (Walls In, excluding Improvements and Bet	terments)	
Coverage Includes: Special Form with 100% Replacement Cost *Extended Replacement Cost increases the property limit to \$12,72 Wind/Hail Equipment Breakdown Building Ordinance or Law A+B+C Inflation Guard and/or limits are reviewed yearly to ensure 100% re Severability of Interest / Separation of Insureds Computer Fraud & Funds Transfer Fraud Waiver of Rights of Recovery No Co-Insurance D&O is a Claims-Made Policy	28,712	st



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/6/2022

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	is certificate does not confer rights t							require an endo	rsement	. A Sta	aternent on
PRO	DUCER				CONTAC NAME:		,				
Lal	Barre/Oksnee Insurance					E0. 800-609	R_0711		FAX	040_529	R_1275
30 Enterprise, Suite 180 Aliso Viejo CA 92656				PHONE (A/C, No, Ext): 800-698-0711				5-1275			
,					7122112			DING COVERAGE			NAIC #
					INSURF	RA: Travelers					19046
INSU				VILLTEM-05		кв: PMA Ins					12262
	a Tempra Owners Association, Inc					Rc: Philadelp					18058
	Board of Directors 35 La Tempra Corte				INSURE			,			
	ula Vista CA 91911				INSURE						
					INSURE						
CO	VERAGES CER	TIFIC	CATE	NUMBER: 661444583	INCORL	КТ.		REVISION NUM	IBER:		
IN CI	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY	Y CONTRACT THE POLICIES	OR OTHER I	OCUMENT WITH	RESPEC	CT TO V	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMIT	 S	
A	X COMMERCIAL GENERAL LIABILITY	Y	****	6807E4993402242		7/11/2022	7/11/2023	EACH OCCURRENC		\$ 2,000	.000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTE PREMISES (Ea occur	ED	\$ 300,0	,
	02 0500							MED EXP (Any one p		\$ 5,000	
								PERSONAL & ADV II		\$ 2,000	.000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$ 4,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP		\$ 4,000	
	OTHER:								701 7100	\$,000
Α	AUTOMOBILE LIABILITY			6807E4993402242		7/11/2022	7/11/2023	COMBINED SINGLE (Ea accident)	LIMIT	\$ 2,000	,000
	ANY AUTO							BODILY INJURY (Pe	r person)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Pe	r accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$	
	AUTOS ONET							(i ci dooldont)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	E	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE	NI / A						E.L. EACH ACCIDEN		\$	
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA E	MPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	ICY LIMIT	\$	
A B C	Property Crime/Fidelity Director and Officers	Y		6807E4993402242 4122011094333Y PCAP007696-0518		7/11/2022 7/11/2022 7/11/2022	7/11/2023 7/11/2023 7/11/2023	\$2,500 Deductible \$2,500 Deductible \$1,000 Deductible		\$9,34; \$200, \$1,000	000
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC				le, may be	attached if more	e space is require	ed)			
HO	A consists of 36 units. Located in Chula	Vist	a, CA	.							
See	2nd page of certificate of insurance for	furth	er co	verage information.							
See	e Attached										
CEI	RTIFICATE HOLDER				CANO	ELLATION					
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	EVIDENCE OF INSURAN	<i></i>			AUTHO	RIZED REPRESEI	NTATIVE				

AGENCY	CUSTOMER ID:	VILLTEM-05
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LOC #:



ADDITIONAL REMARKS SCHEDULE

Page _ 1 _ of _ 1

AGENCY LaBarre/Oksnee Insurance POLICY NUMBER	NAMED INSURED Villa Tempra Owners Association, Inc c/o Board of Directors 1335 La Tempra Corte Chula Vista CA 91911		
CARRIER NAIC CODE		EFFECTIVE DATE:	

CARRIER	NAIC CODE					
		EFFECTIVE DATE:				
ADDITIONAL REMARKS						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC)RD FORM.					
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF		SURANCE				
TOKW NOWBER.						
Single Entity Coverage (Walls In, excluding Improvements and Bet	terments)					
Coverage Includes: Special Form with 100% Replacement Cost *Extended Replacement Cost increases the property limit to \$11,677,718 Wind/Hail Equipment Breakdown Building Ordinance or Law A+B+C Inflation Guard and/or limits are reviewed yearly to ensure 100% replacement Cost Severability of Interest / Separation of Insureds Computer Fraud & Funds Transfer Fraud Waiver of Rights of Recovery No Co-Insurance D&O is a Claims-Made Policy						
Dao is a Glainis-water oney						

OP ID: NMF

CERTIFICATE OF LIABILITY INSURANCE

ACORD

DATE (MM/DD/YYYY) 06/23/2020

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PRODUCER	800-698-0711	CONTACT LaBarre/Oksnee Insurance					
LaBarre/Oksnee Insurance License # 0C84283		PHONE (A/C, No, Ext): 800-698-0711 FAX (A/C, No): 949-	588-1275				
30 Enterprise #180		E-MAIL ADDRESS:					
Aliso Viejo, CA 92656 LaBarre/Oksnee Insurance		INSURER(S) AFFORDING COVERAGE	NAIC #				
		INSURER A: Travelers Insurance Company	25674				
INSURED		INSURER B: Philadelphia Indemnity Ins. Co	18058				
Villa Tempra OA, Inc c/o Board of Directors		INSURER C: PMA Insurance Group	12262				
1335 La Tempra Corte Chula Vista, CA 91911		INSURER D:					
		INSURER E :					
		INSURER F:					

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 INDICATED. NOTWITHS TANDING 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.

С	Fidelity Bond**			4120011094333Y	07/11/2020	07/11/2021	2,500 ded		200,000
Α	Property*			680-7E499340	07/11/2020	07/11/2021	2,500 ded		10,396,843
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	-	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	
	WORKERS COMPENSATION						PER OTH- STATUTE ER	Ψ	
	DED RETENTION \$						AGGNEGATE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						(Per accident)	\$	
	AUTOS ONLY AUTOS						BODILY INJURY (Per accident) PROPERTY DAMAGE		
	ANY AUTO OWNED SCHEDULED			680-7E499340	07/11/2020	07/11/2021	BODILY INJURY (Per person)	\$	
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	2,000,000
Ļ	OTHER:						COMPINED CINIOLE LIBRET	\$	0.000.000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	4,000,000
	\$1,000 ded			CLAIMS-MADE			PERSONAL & ADV INJURY	\$	2,000,000
В	χ D&O(\$1,000,000)	^		PCAP007696-0318	07/11/2020	07/11/2021	MED EXP (Any one person)	\$	5,000
	CLAIMS-MADE X OCCUR	Х		680-7E499340	07/11/2020	07/11/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
A	X COMMERCIAL GENERAL LIABILITY	IIVSD	VVVD		(WIW/DD/1111)	(WIW/DD/TTTT)	EACH OCCURRENCE	\$	2,000,000
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	P LIMITS		

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

Association has 36 units. Property policy is Single Entity (walls-in excluding improvements) with 100% Replacement Cost, Special Form coverage. *Includes replacement cost plus. Includes Building Ordinance or Law Coverage, and Severability of Interest.**Computer Fraud and Funds Transfer Fraud are included.

CERTIFICATE HOLDER	CANCELLATION
Villa Tempra Owners Assn, Inc. 1335 La Tempra Corte	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Chula Vista, CA 91911	AUTHORIZED REPRESENTATIVE LaBarre/Oksnee Insurance

OP ID: KAD

VILLA65 ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/28/2019

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3							
PRODUCER	800-698-0711	CONTACT LaBarre/Oksnee Insurance					
LaBarre/Oksnee Insurance License # 0C84283		PHONE (A/C, No, Ext): 800-698-0711	FAX (A/C, No): 949-58	38-1275			
30 Enterprise #180		E-MAIL ADDRESS:					
Aliso Viejo, CA 92656 LaBarre/Oksnee Insurance		INSURER(S) AFFORDING COVERAGE	NAIC #				
		INSURER A: Travelers Insurance Company	25674				
INSURED VIIIa Tempra OA, Inc		INSURER B: Philadelphia Indemnity Ins. Co	18058				
c/o Board of Directors 1335 La Tempra Corte		INSURER C: PMA Insurance Group	12262				
Chula Vista, CA 91911		INSURER D :					
		INSURER E :	INSURER E :				
		INSURER F:					

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.

	EXCESSIONS AND CONDITIONS OF SOCIT FOLICIES. EINITS SHOWN MAT HAVE BEEN NEDGED BY FAID CLAIMS.								
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 2,000,000
		CLAIMS-MADE X OCCUR	Х		680-7E499340	07/11/2019	07/11/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
В	Х	D&O (\$1,000,000)			PCAP007696-0218	07/11/2019	07/11/2020	MED EXP (Any one person)	\$ 5,000
		\$1,000 Ded						PERSONAL & ADV INJURY	\$ 2,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 4,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 4,000,000
		OTHER:							\$
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
		ANY AUTO			680-7E499340	07/11/2019	07/11/2020	BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
		AUTOG ONET							\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANYI	PROPRIETOR/PARTNER/EXECUTIVE Y/N						E.L. EACH ACCIDENT	\$
	OFFI (Man	CER/MEMBER EXCLUDED? datory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	•
	If yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
Α		perty *			680-7E499340	07/11/2019	07/11/2020		9,996,970
С	Fide	elity Bond			4119011094333Y	07/11/2019	07/11/2020	2,500 Ded	200,000

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

Association has 36 units. Property policy is Single Entity (walls-in excluding improvements) with 100% Replacement Cost, Special Form coverage. *Includes replacement cost plus. Includes Building Ordinance or Law Coverage, and Severability of Interest.Computer Fraud and Funds Transfer Fraud are included.

CERTIFICATE HOLDER	CANCELLATION				
Villa Tempra Owners Assn, Inc. 1335 La Tempra Corte	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Chula Vista, CA 91911	AUTHORIZED REPRESENTATIVE LaBarre/Oksnee Insurance				