



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: BN

DATE (MM/DD/YYYY)

08/30/11

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 SD 30 Enterprise #180 Aliso Viejo, CA 92656 Chris DiNino		760-607-0163 760-607-0164	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: <b>MESAV-8</b>	FAX (A/C, No):
<b>INSURED</b> Mesa Village HOA All Mesa Village Units 10540 Caminito Baywood San Diego, CA 92126		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		<b>INSURER A : XL Specialty Insurance Co.</b>		
		<b>INSURER B : Liberty Mutual Insurance</b>		
		<b>INSURER C : Great American Insurance Co.</b>		
		<b>INSURER D :</b>		
		<b>INSURER E :</b>		
		<b>INSURER F :</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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			63A1003628-02	09/13/11	09/13/12	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b>
B	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR			CAP001248-0209	09/13/11	09/13/12	MED EXP (Any one person) \$ <b>5,000</b>
	<input checked="" type="checkbox"/> D&O						PERSONAL & ADV INJURY \$ <b>1,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ <b>2,000,000</b>
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						PRODUCTS - COMPI/OP AGG \$ <b>2,000,000</b>
							<b>1,000,000</b> \$ <b>1,000 DED</b>
A	AUTOMOBILE LIABILITY			PAP1003628-03	09/13/11	09/13/12	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> HIRED AUTOS			63A1003628-02	09/13/11	09/13/12	\$
A	<input checked="" type="checkbox"/> NON-OWNED AUTOS			63A1003628-02	09/13/11	09/13/12	\$
							\$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			UM2386960-1405644	09/13/11	09/13/12	EACH OCCURRENCE \$ <b>15,000,000</b>
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ <b>15,000,000</b>
	DEDUCTIBLE						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
A	Building			63A1003628-02	09/13/11	09/13/12	10000 DED 66,800,000
C	Fidelity Bond			38-21-7290	09/13/11	09/13/12	10000 DED 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**Property policy is BARE WALLS Coverage (excludes the interior) with 100% Replacement Cost. 538 units.**

**CERTIFICATE HOLDER****CANCELLATION**

<b>Mesa Village HOA</b> 10540 Caminito Baywood San Diego, CA 92126	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>Chris DiNino</b>

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