



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/20/2026

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 | | CONTACT NAME: PHONE (A/C, No, Ext): (877) 317-9300 | FAX (A/C, No): |
| San Ramon, CA-HUB International Insurance Services Inc. 6101 Bollinger Canyon Rd Suite 150 San Ramon, CA 94583-5108 | | E-MAIL ADDRESS: | |
| | | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | | INSURER A : American Home Assurance Company | 19380 |
| | | INSURER B : American Home Assurance Company | 19380 |
| | | INSURER C : Federal Insurance Company | 20281 |
| | | INSURER D : | |
| | | INSURER E : | |
| | | INSURER F : | |

COVERS **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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER: | | | CAU800138-1 | 1/10/2026 | 1/10/2027 | 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 | \$ Excluded |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ 1,000,000 |
| | | | | | | | \$ | |
| B | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED <input checked="" type="checkbox"/> AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | CAU800138-1 | 1/10/2026 | 1/10/2027 | 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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0 | | | G75272856 | 1/10/2026 | 1/10/2027 | EACH OCCURRENCE | \$ 5,000,000 |
| | | | | | | | AGGREGATE | \$ 5,000,000 |
| | | | | | | | \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below | | N / A | | | | PER STATUTE | OTH- ER |
| | | | | | | | E.L. EACH ACCIDENT | \$ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| A | Directors & Officers | | | CAU800138-1 | 1/10/2026 | 1/10/2027 | Deductible - \$0 | \$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Please see certificate of property, accord 24, for building values.

CERTIFICATE HOLDER

CANCELLATION

Certificate holder is listed as additional insured

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 OF PROPERTY INSURANCE

CJIMINEZ

 DATE (MM/DD/YYYY)
 01/20/2026

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.

| | | | |
|--|--|---|---------------------|
| PRODUCER | | CONTACT NAME: PHONE (A/C, No, Ext): (877) 317-9300 | FAX (A/C, No): |
| San Ramon, CA-HUB International Insurance Services Inc. 6101 Bollinger Canyon Rd Suite 150 San Ramon, CA 94583-5108 | | E-MAIL ADDRESS: PRODUCER CUSTOMER ID: VILLATP-13 | |
| INSURED | | INSURER(S) AFFORDING COVERAGE INSURER A : American Home Assurance Company | NAIC # 19380 |
| | | INSURER B : | |
| | | INSURER C : | |
| | | INSURER D : | |
| | | INSURER E : | |
| | | INSURER F : | |

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Please see certificate of liability, acord 25, for remaining coverage.

Equipment breakdown coverage included. Crime/Employee Dishonesty/Fidelity Bond includes property manager as an employee.

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 | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | COVERED PROPERTY | LIMITS |
|----------|---|-----------------------|------------------------------------|-------------------------------------|---|---------------------|
| A | <input checked="" type="checkbox"/> PROPERTY | CAU800138-1 | 01/10/2026 | 01/10/2027 | BUILDING | \$ |
| | CAUSES OF LOSS | DEDUCTIBLES | | | PERSONAL PROPERTY | \$ |
| | | | | | BUSINESS INCOME | \$ |
| | <input type="checkbox"/> BASIC | BUILDING 5,000 | | | EXTRA EXPENSE | \$ |
| | <input type="checkbox"/> BROAD | CONTENTS | | | RENTAL VALUE | \$ |
| | <input checked="" type="checkbox"/> SPECIAL | | | | BLANKET BUILDING | \$ |
| | EARTHQUAKE | | | | BLANKET PERS PROP | \$ |
| | WIND | | | | <input checked="" type="checkbox"/> BLANKET BLDG & PP | 14,950,000 |
| | FLOOD | | | | <input checked="" type="checkbox"/> ord cov B | \$ 753,000 |
| | <input checked="" type="checkbox"/> ord cov A/inc | | | | <input checked="" type="checkbox"/> ord cov C | \$ 1,000,000 |
| | INLAND MARINE | TYPE OF POLICY | | | | \$ |
| | | CAUSES OF LOSS | | | | \$ |
| | | NAMED PERILS | | | | \$ |
| | | POLICY NUMBER | | | | \$ |
| A | <input checked="" type="checkbox"/> CRIME | CAU800138-1 | 01/10/2026 | 01/10/2027 | <input checked="" type="checkbox"/> Deductible - \$0 | \$ 325,000 |
| | TYPE OF POLICY | | | | \$ | |
| | Crime | | | | \$ | |
| | <input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN | | | | | \$ |
| | | | | | | \$ |

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Special form (wind included), Guaranteed replacement cost basis with no co-insurance. No inflation guard needed because there is guaranteed replacement cost. 58 Units. Policy is walls in excluding betterments & improvements. Severability of interest included on package policy. Common elements included on policy.

CERTIFICATE HOLDER

CANCELLATION

| | |
|--|--|
| Certificate holder is listed as additional insured | 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 |



CALIFORNIA NEVADA ARIZONA

NEVADA

ARIZONA

Socher Insurance Agency, a HUB International company

877.317.9300
888.577.1587 Fax

CA Broker License: #0C97535
NV Broker License: #498347
AZ Broker License: #1800015845

hoainsurance.net
hubinternational.com

01/08/2025

Villas at Palm Valley Condominiums
Disclosure Summary Form

Property: American Home Assurance Co.: 1/10/2026 - 1/10/2027

\$14,950,000 Special Form (wind included), **Guaranteed Replacement Cost** with No Coinsurance and a \$5,000 Deductible per Occurrence. Equipment Breakdown Coverage included in package policy.

General Liability: American Home Assurance Co.: 1/10/2026 - 1/10/2027

\$1,000,000/\$1,000,000 per Occurrence/General Aggregate with a \$0 Deductible. \$1,000,000 Non-Owned and Hired Automobile Liability is included in this policy.

Umbrella Liability: Federal Insurance Company: 1/10/2026 - 1/10/2027

\$5,000,000 Each Occurrence/General Aggregate with a \$0 self insured retention each occurrence.

Directors' and Officers' Liability: American Home Assurance Co.; 1/10/2026 - 1/10/2027

\$1,000,000 per Occurrence/General Aggregate with a \$0 Retention per Occurrence.

Employee Dishonesty: American Home Assurance Co.; 1/10/2026 - 1/10/2027

\$325,000 per Occurrence with a \$0 Deductible.

Workers' Compensation: No Coverage through our Agency.

Earthquake Insurance: No Coverage through our Agency.

Flood: No Coverage through our Agency.

This summary of the Association's policies of insurance provides only certain information and should not be considered a substitute for the complete policy terms and conditions contained in the actual policies of insurance. Any Association Member may, upon request and provision of reasonable notice, review the Association's Insurance Policies and, upon request and payment of reasonable duplication charges, obtain copies of those policies. Although the Association maintains the Policies of Insurance specified in this summary, the Association's Policies of Insurance may not cover your property, including personal property or real property improvements to or around your dwelling, or personal injuries or other losses that occur within or around your dwelling. Even if a loss is covered, you may nevertheless be responsible for paying all or a portion of any Deductible that applies. Association Members should consult with their individual Insurance Broker or Agent for appropriate additional coverage.

****For lender and/or unit specific Evidence of Insurance please call EOI Direct at 877-456-3643. For general proof of insurance please contact Socher Insurance at 877-317-9300****