



CERTIFICATE OF LIABILITY INSURANCE

SURFSI3

OP ID: NR

DATE (MM/DD/YYYY)
07/22/2020

PRODUCER Segal Insurance Agency, Inc. CA License 0E24660 15250 Ventura Blvd., Ste 1200 Sherman Oaks, CA 91403 Steven G. Segal		Phone: 800-345-8866	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED Surfside III COA Lordon Management 1275 Center Court Dr Covina, CA 91724		INSURERS AFFORDING COVERAGE	NAIC # 21652
		INSURER A: Farmers Insurance	
		INSURER B: Homesite Insurance Co	
		INSURER C: Lloyds of London	
		INSURER D:	
		INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	X	GENERAL LIABILITY	60670 88 86	08/15/2020	08/15/2021	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 75,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 1,000,000
						GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
A		AUTOMOBILE LIABILITY	60670 88 86	08/15/2020	08/15/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (PER PERSON) \$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (PER ACCIDENT) \$
		<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (PER ACCIDENT) \$
		<input checked="" type="checkbox"/> NON-OWNED AUTOS				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
		<input type="checkbox"/> DEDUCTIBLE				\$
		<input type="checkbox"/> RETENTION \$				\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N				E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
A		OTHER BUILDING	60670 88 86	08/15/2020	08/15/2021	\$10K DED 54,063,800

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
PROPERTY LOCATION: 600 SUNFISH WAY, PORT HUENEME, CA 93041
WALLS IN IMP & BET, 309 UNITS, SEVERABILITY CLAUSE INCL, EXT REP COST, MGMT
CO ADDITIONAL INSURED, BLDG ORDINANCE OR LAW/INFLATION GUARD COVERAGE INCL

CERTIFICATE HOLDER

CANCELLATION

	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE Steven G. Segal

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INSURED'S NAME **Surfside III COA**

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PAGE 2
Date **07/22/2020**

Earthquake Coverage	Policy #	Effective
Insurer B: Homesite Insurance	VH342000365	7/8/2020 - 7/8/2021
Insurer C: Lloyds of London	04500142193S01	7/8/2020 - 7/8/2021

Deductible: 10%
Policy Limits: 63,170,000