

OP ID: MR

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/26/2024

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUE	ROGATION IS WA	AIVED, subject	to ti	he te	rms and conditions of the ificate holder in lieu of su	e poli	cy, certain p	olicies may			i. A	statement on	
PRODUCER 800-345-8866								CONTACT Steven G. Segal						
Segal Insurance Agency, Inc. CA License 0E24660 15233 Ventura Blvd, Suite 1308							NAME: PHONE (A/C, No, Ext): 800-345-8866 FAX (A/C, No): 800-262-0973							
							(A/C, No, Ext): (A/C, No): (A/C, No):							
Sherman Oaks, CA 91403								E-MAIL ADDRESS: steve@segalins.com						
Steven G. Segal							INSURER(S) AFFORDING COVERAGE					NAIC#		
								INSURER A: Farmers Insurance					21652	
INSURED Surfside III COA								INSURER B:						
Lordon Management 1275 Center Court Dr							INSURER C:							
							INSURER D :							
Cov	ina,	CA 91724												
								INSURER E:						
							INSURER F:							
CO	<u>VER</u>	AGES	CER	TIFI	CATE	NUMBER:				REVISION NU	JMBER:			
IN C E	IDIC/ ERTI	ATED. NOTWITHSTA FICATE MAY BE IS:	ANDING ANY RE SUED OR MAY TIONS OF SUCH	QUIF PERT POLI	REME AIN, CIES.	RANCE LISTED BELOW HA'NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER IS DESCRIBED PAID CLAIMS.	DOCUMENT WI'D HEREIN IS S	TH RESPE	CT TO	WHICH THIS	
INSR LTR		TYPE OF INSURA	ANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
Α	X	X COMMERCIAL GENERAL LIABILITY							08/15/2025	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$		\$	1,000,000	
		CLAIMS-MADE X OCCUR		X		60670 88 86						\$	75,000	
													5,000	
										· •	•	\$	1,000,000	
										PERSONAL & ADV INJURY \$		2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC									GENERAL AGGREGATE \$				
										PRODUCTS - COMP/OP AGG \$		\$	1,000,000	
		OTHER:										\$		
Α	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS									COMBINED SING (Ea accident)	LE LIMIT	\$	1,000,000	
						60670 88 86		08/15/2024	08/15/2025	BODILY INJURY (Per person)	\$		
										BODILY INJURY (Per accident)	\$		
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY								PROPERTY DAM. (Per accident)	AGE	\$		
								(Fer accident)						
Α		UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE X									\$	5,000,000		
				v	,	60700 32 83		08/15/2024	08/15/2025	EACH OCCURRENCE \$			5,000,000	
				^		00700 32 03		00/13/2024	00/13/2023			\$	0,000,000	
		DED X RETENTIO	, ,							PER	OTH-	\$		
	WOR AND	KERS COMPENSATION EMPLOYERS' LIABILITY	V / N							STATUTE	ER ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A						E.L. EACH ACCID	ENT	\$			
			,,,						E.L. DISEASE - EA EMPLOYEE		\$			
									E.L. DISEASE - PO	OLICY LIMIT	\$			
Α	BUI	LDING				60670 88 86		08/15/2024	08/15/2025	\$10K DED			78,064,351	
				•		D 101, Additional Remarks Schedu PORT HUENEME, CA 9		e attached if moi	re space is requir	ed)				
						LITY CLAUSE INCL, 15		XT RFPL C	OST.					
MG	MT (CO ADDITIONAL	INSURED, B	LDG	OR	DINANCE OR LAW/INF	LÁTIC	ON GUARD	COVERAG	E				
INC	L.													
CE	PTIE	ICATE HOLDER					CANO	CELLATION						
CERTIFICATE HOLDER								VARIOLLEATION						
							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
								RIZED REPRESE						
							Steven G. Segal							

SURFSI3 PAGE 2 Surfside III COA **NOTEPAD** OP ID: MR Date 07/26/2024 INSURED'S NAME

Earthquake Coverage Insurer B: Homesite Insurance Insurer C: Lloyds of London Policy # VH342000365 04500142193s01 Effective 7/8/2020 - 7/8/2021 7/8/2020 - 7/8/2021

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