



CERTIFICATE OF PROPERTY INSURANCE

OP ID: NR

DATE (MM/DD/YYYY)
06/24/2025

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 Segal Insurance Agency, Inc. CA License 0E24660 15233 Ventura Blvd, Suite 1308 Sherman Oaks, CA 91403 Steven G. Segal	CONTACT NAME: Steven G. Segal	
	PHONE (A/C, No, Ext): 800-345-8866	FAX (A/C, No): 800-262-0973
INSURED Surfside III COA 1275 Center Ct Dr Covina, CA 91724	E-MAIL ADDRESS: steve@segalins.com	
	PRODUCER CUSTOMER ID: SURFSI3	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Fortegra Specialty Ins		
INSURER B: Lexington Insurance		
INSURER C: Everest Indemnity Ins Co		
INSURER D: Steadfast Insurance		
INSURER E: Transverse Specialty Ins		
INSURER F: StarStone Specialty		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
COVERAGE FOR UNIT OWNERS IMPROVEMENTS & BETTERMENTS INCLUDED
SEE NOTES FOR LOCATION OF PREMISES

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 B C D E F	<input type="checkbox"/>	PROPERTY	DSP2506198	07/08/2025	07/08/2026	BUILDING	\$
	<input type="checkbox"/>	CAUSES OF LOSS				PERSONAL PROPERTY	\$
	<input type="checkbox"/>	BASIC				BUSINESS INCOME	\$
	<input type="checkbox"/>	BROAD				EXTRA EXPENSE	\$
	<input type="checkbox"/>	SPECIAL				RENTAL VALUE	\$
	<input checked="" type="checkbox"/>	EARTHQUAKE	10% 043405322	07/08/2025	07/08/2026	BLANKET BUILDING	\$
	<input type="checkbox"/>	WIND	8400012526-251	07/08/2025	07/08/2026	BLANKET PERS PROP	\$
	<input type="checkbox"/>	FLOOD	BPP3848733	07/08/2025	07/08/2026	BLANKET BLDG & PP	\$
	<input type="checkbox"/>		TSAHDC0002682-01	07/08/2025	07/08/2026	<input checked="" type="checkbox"/> Policy Limit	\$ 72,070,000
	<input type="checkbox"/>		DSP2506198	07/08/2025	07/08/2026	<input checked="" type="checkbox"/> Deductible	\$ 10%
	<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY				\$
	<input type="checkbox"/>	CAUSES OF LOSS					\$
	<input type="checkbox"/>	NAMED PERILS	POLICY NUMBER				\$
	<input type="checkbox"/>						\$
	<input type="checkbox"/>	CRIME					\$
	<input type="checkbox"/>	TYPE OF POLICY					\$
	<input type="checkbox"/>						\$
	<input type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
	<input type="checkbox"/>						\$
	<input type="checkbox"/>						\$
	<input type="checkbox"/>						\$

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

THIS IS ONLY INTENDED TO SERVE AS PROOF OF COVERAGE. PLEASE REFER TO THE ACTUAL POLICY FOR COVERAGE SPECIFICS AND EXCLUSIONS

CERTIFICATE HOLDER	CANCELLATION
EARTHQU THIS IS TO SERVE AS PROOF OF MASTER EARTHQUAKE INSURANCE ONLY	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 Steven G. Segal

NOTEPAD:

HOLDER CODE EARTHQU
INSURED'S NAME Surfside III COA

SURFSI3
OP ID: NR

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SUNFISH WAY, EBBTIDE, SEAWIND, REEF CIRCLE, BLUEWATER WAY, LIGHTHOUSE WAY,
PORT HUENEME, CA 93041