



CERTIFICATE OF LIABILITY INSURANCE

2301584

DATE (MM/DD/YYYY)
07/29/2020

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).

PRODUCER Prendiville Insurance Agency 24661 Del Prado, #3 Dana Point, CA 92629 (949) 487-9696		CONTACT NAME: PHONE (A/C, No. Ext): (949) 487-9696 FAX (A/C, No): (949) 487-9626 E-MAIL ADDRESS:	
INSURED Esprit Homeowners Association c/o Maryellen Hill & Associates 1111 E. Tahquitz Canyon Way, #120 Paslm Springs, CA 92262		INSURER(S) AFFORDING COVERAGE INSURER A: Farmers Insurance Exchange 21652 INSURER B: National Surety Corporation 21881 INSURER C: Mid-Century Insurance Company 21687 INSURER D: INSURER E: INSURER F:	

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 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 checked="" type="checkbox"/> *D&O is Claims Made <input checked="" type="checkbox"/> D&O Ded: \$1,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> FLOC OTHER:	Y			07/04/2020	07/04/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 75,000 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 D&O Liability* \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y			07/04/2020	07/04/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$	Y			07/04/2020	07/04/2021	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A		07/04/2021	07/04/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property	Y			07/04/2020	07/04/2021	Ded: \$25,000 Limit: \$18,331,800
A	Fidelity Bond				07/04/2020	07/04/2021	Ded: \$500 Limit: \$600,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Maryellen Hill & Associates is Named as Additional Insured as Respects to Auto Liability, CGL, D&O Liability, Fidelity Bond, and Umbrella Liability.
Interior Structures are Included, Excluding Floor/Wall/Ceiling Coverings, 120 Units, 11 Buildings.
150% Extended Replacement Cost. Wind & Hail Included, Building Ordinance Coverage.
A(Undamaged)=Included, B(Demolition)=\$319,000, C(Increased Construction Costs)=\$318,800.
*CANCELLATION: 30 DAY NOTICE, EXCEPT 10 DAY NOTICE FOR NON-PAYMENT OF PREMIUM.

CERTIFICATE HOLDER

For Information Only
Visit www.eoidirect.com
to order a valid certificate of Insurance,
Loan Number: N/A

CANCELLATION

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



HOMEOWNERS ASSOCIATION POLICY COVERAGE

COVERAGE FOR INTERIOR STRUCTURES IS INCLUDED – EXCLUDING FLOOR, CEILING & WALL COVERINGS

Property Covered: Common areas; the structure; standard bathroom and kitchen fixtures; cabinetry and countertops; permanently attached appliances (including air conditioning/heating units) located in any residential unit. **Policy is written as a Special Form Blanket Policy with Replacement Cost, and no Per Unit Limit.** Inflation Guard is included at 2%.

Fidelity Bond: Property Manager is included as part of Named Insured / Additional Insured.

Waiver of Subrogation: Included against any Unit Owner, the Association, and Members of the Board of Directors.

Wind & Hail Coverage: Included.

Betterments & Improvements Made by a Unit Owner: Excluded. Owners are responsible for upgrades.

Heating/Air-Conditioning Units: Covered by the policy for fire, water damage and other causes included under the special form policy.

The homeowner does not pay ASSOCIATION POLICY PREMIUM directly to our office; premium is paid by the ASSOCIATION.

HOW TO OBTAIN INSURANCE COVERAGE INFORMATION

To request a certificate of insurance or to view the policy coverage listed on a particular certificate, please visit www.eoidirect.com. If you are a first-time user, follow the links to register and note your User ID and Password so you can log in to your account when prompted. *A delivery charge may apply for mortgagee clause additions, however there is no cost to register for access to the website.*

Once you have logged on to your account, click on “Evidence of Insurance” to search and access the association policy information you are seeking. EOI Direct’s customer service department is available from 6AM to 5PM (Pacific Time) Monday through Friday to provide additional assistance toll-free at (877) 456-3643.

PERSONAL INSURANCE NEEDS OF A UNIT OWNER

The Association does not cover wall and coverings (eg: paint, wallpaper, etc.), flooring, upgrades, personal property, loss of use, personal liability, and loss assessment. Unit owners are responsible for obtaining insurance on these items. Since we insure your Association, we are able to provide you the most appropriate coverage, while keeping your budget in check. For quotes, please call Cindy Laing at (800) 482-4467.