

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/18/2008

PRODUCER
Prendiville Insurance Agency
 27127 Calle Arroyo, Suite 1925
 San Juan Capistrano, CA 92675
 (949) 487-9696

Cypress HOA
 c/o Accell Property Management
 23046 Avenida de la Carlota,
 Suite 700
 Laguna Hills, CA 92653

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.

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Farmers Insurance Exchange	
INSURER B:		
INSURER C:		
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.

ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> D&O Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	60360-03-93	07/12/08	07/12/09	EACH OCCURRENCE	\$ 2,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 75,000	
	MED EXP (Any one person)				\$ 5,000	
	PERSONAL & ADV INJURY				\$ 2,000,000	
	GENERAL AGGREGATE				\$ 4,000,000	
	PRODUCTS - COMP/OP AGG				\$ 2,000,000	
	D&O Liability				\$ 1,000,000	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALLOWED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				60360-03-93	07/12/08
BODILY INJURY (Per person)	\$					
BODILY INJURY (Per accident)	\$					
PROPERTY DAMAGE (Per accident)	\$					
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	60360-03-94	07/12/08	07/12/09	AUTO ONLY - EA ACCIDENT	\$	
OTHER THAN AUTO ONLY: EA ACC				\$		
AGG				\$		
EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	A0931-41-46	07/12/08	07/12/09	EACH OCCURRENCE	\$ 1,000,000	
AGGREGATE				\$ 1,000,000		
				\$		
				\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	60360-03-93	07/12/08	07/12/09	<input checked="" type="checkbox"/> W/C STATUTORY LIMITS <input type="checkbox"/> OTHER		
E.L. EACH ACCIDENT				\$ 1,000,000		
E.L. DISEASE - EA EMPLOYEE				\$ 1,000,000		
OTHER Fidelity Bond	60360-03-93	07/12/08	07/12/09	Bond	\$ 500,000	
Property (R/C)	60360-03-93	07/12/08	07/12/09	Building	\$40,250,000	
				Deductible	\$ 5,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Coverage for Interior Structures is Included
Building Ordinance: Coverage A=Included, B=\$100,000, C=\$500,000
D&O Liability: \$1,000 Deductible

***CANCELLATION - EXCEPT 10 DAY NOTICE FOR NON-PAYMENT OF PREMIUM.**

CERTIFICATE HOLDER

CANCELLATION

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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