



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/10/2014

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).


<b>PRODUCER</b> Prendiville Insurance Agency 24661 Del Prado, Suite 3  Dana Point CA 92629	<b>CONTACT NAME:</b> <b>PHONE (A/C No. Ext):</b> (949) 487-9696	<b>FAX (A/C, No):</b> (949) 487-9626
	<b>E-MAIL ADDRESS:</b>	
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A: Farmers Insurance Exchange</b>		<b>21652</b>
<b>INSURER B: Truck Insurance Exchange</b>		<b>21709</b>
<b>INSURER C: LLOYD'S OF LONDON</b>		
<b>INSURER D: Empire Indemnity Company</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES** **CERTIFICATE NUMBER: Cert ID 282** **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 Liability <input checked="" type="checkbox"/> D&O: Claims-made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		60360-03-93	7/12/2014	7/12/2015	EACH OCCURRENCE \$ <b>2,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>75,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>2,000,000</b> GENERAL AGGREGATE \$ <b>4,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> D&O Liability \$ <b>1,000,000</b>
A	<b>AUTOMOBILE LIABILITY</b> <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		60360-03-93	7/12/2014	7/12/2015	COMBINED SINGLE LIMIT (Ea accident) \$ <b>2,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ <b>10,000</b>	Y		60360-03-94	7/12/2014	7/12/2015	EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ <b>1,000,000</b> \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	A0931-41-46	7/12/2014	7/12/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
CD	Earthquake & Flood			MULTIPLE - SEE BELOW	9/1/2013	9/1/2014	Earthquake Limit 23,000,000 EQ Ded: 20%
CD	Earthquake & Flood			MULTIPLE - SEE BELOW	9/1/2013	9/1/2014	Flood Limit: 23,000,000 Flood Ded: 2%

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 A) Property: 60360-03-93; 7/12/2014 - 7/12/2015; Property Limit: \$47,167,193; Property Deductible: \$10,000  
 A) Fidelity Bond: 60360-03-93; 7/12/2014 - 7/12/2015; Fidelity Bond: \$1,000,000; Fidelity Bond Deductible: \$1,000.  
 C&D) Earthquake and Flood: Policy Numbers WB0010871 / BPP5780367 / B1180D130515189.  
 Accell Property Management, Inc., is Named as Additional Insured ATIMA as Respects: CGL, D&O Liability, Umbrella, and Fidelity Bond.  
 Walls-in coverage is Included. 150% Extended Replacement Cost. Units: 250 / Bldgs: 56.  
 Building Ordinance: Coverage A=Included, B=\$250,000, C=\$250,000.

<b>CERTIFICATE HOLDER</b>  Accell Property Management, Inc.  23046 Avenida De La Carlota, Suite 700  Laguna Hills CA 92653	<b>CANCELLATION</b>  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 
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# DESCRIPTION OF OPERATIONS SECTION CONTINUED

DATE  
7/10/2014

**CERTIFICATE HOLDER:**

Accell Property Managment, Inc.

23046 Avenida De La Carlota, Suite 700

Laguna Hills CA 92653

**INSURED:**

Cypress HOA

c/o Accell Property Management, Inc.

23046 Avenida de la Carlota, Suite 700

Laguna Hills CA 92653

**DESCRIPTION OF OPERATIONS CONTINUED:**

D&O Liability Deductible: \$1,000.

\*CANCELLATION - 30 DAY NOTICE, EXCEPT 10 DAY NOTICE FOR NON-PAYMENT OF PREMIUM.