**KBROWN** 



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/30/2024

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. 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 License # 0I18113	CONTACT NAME:	
Berg Insurance Agency 30021 Tomas, Suite 260	PHONE (A/C, No, Ext): (800) 989-7990 FAX (A/C	(c, <sub>No):</sub> (949) 586-9877
Rancho Santa Margarita, CA 92688	E-MAIL ADDRESS: info@berginsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: Farmers Insurance Exchange	21652
INSURED	INSURER B: Federal Insurance Company	20281
Normandy By The Con Community Accordation Inc	INSURER C:	
Normandy By The Sea Community Association, Inc. Del Mar, CA 92014	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.

	XCLUSIONS AND CONDITIONS OF SUCH F						
INSR LTR	TYPE OF INSURANCE	ADDL SUI	BR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
Α	X COMMERCIAL GENERAL LIABILITY			(MINITED TTTT)	(MM/SS/TTTT)	EACH OCCURRENCE	\$ 2,000,00
	CLAIMS-MADE X OCCUR		603948498	5/3/2024	5/3/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 75,00
						MED EXP (Any one person)	\$ 5,00
						PERSONAL & ADV INJURY	\$ Included
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 4,000,00
	X POLICY PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,00
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,00
	ANY AUTO		603948498	5/3/2024	5/3/2025	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
В	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,00
	EXCESS LIAB CLAIMS-MADE		G74727359	5/3/2024	5/3/2025	AGGREGATE	\$ 5,000,00
	DED RETENTION \$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	A09297341	5/3/2024	5/3/2025	E.L. EACH ACCIDENT	\$ 1,000,00
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,00
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	•
Α	Directors & Officers		603948498	5/3/2024	5/3/2025	\$1,000 Deductible	1,000,00
Α	Fidelity Bond		603948498	5/3/2024	5/3/2025	\$1,000 Deductible	500,00
			1	1	I.	I .	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
No additional affiliated or unaffiliated projects; Umbrella policy provides additional liability coverage to General Liability and Directors & Officers Liability;
Management Company named Additional Insured on GL, D & O and Fidelity Bond; Policy Includes Separation of Insureds, Building Ordinance (Coverage A, B and C), Boiler/Machinery Breakdown, Wind & Hail, Waiver of Subrogation, Inflation Guard, No Coinsurance; 10 Day notice of cancellation for non payment of premium.

Per CCR – Bare Walls (All Interior Coverage EXCLUDED); Special Form; 100% Replacement Cost Policy with 150% Extended Replacement Cost Endorsement; 38 Units

CERTIFICATE HOLDER	CANCELLATION		
INFORMATION 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.		
	Michael Ing		

LOC #:



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

7,551110107.	\	
AGENCY Lices Berg Insurance Agency	nse # 0l1811	NAMED INSURED Normandy By The Sea Community Association, Inc. Del Mar, CA 92014
POLICY NUMBER		
SEE PAGE 1	T	
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	FFFFATIVE DATE: 0 0 1
ADDITIONAL REMARKS	SEE F I	EFFECTIVE DATE: SEE PAGE 1
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC		
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability	ity insurance	
2024/2025		
Insurer A) Building Policy# 603948498 Effective 05/	03/2024 - 0	5/03/2025
\$12,112,568 Limit \$10,000 Deductible		

**KBROWN** 



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DATE (MM/DD/YYYY) 4/30/2024

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Berg Insurance Agency 30021 Tomas, Suite 260	PHONE (A/C, No, Ext): (800) 989-7990 FAX (A/C, No): (9	49) 586-9877
Rancho Santa Margarita, CA 92688	E-MAIL ADDRESS: info@berginsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: Farmers Insurance Exchange	21652
INSURED	INSURER B: Federal Insurance Company	20281
Name and a Div The Coe Community Association Inc	INSURER C:	
Normandy By The Sea Community Association, Inc. Del Mar, CA 92014	INSURER D:	
20.11141, 0.1.020.1	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	XCLUSIONS AND CONDITIONS OF SUCH I						
INSR	TYPE OF INSURANCE	ADDL S	SUBR WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	S
Α	X COMMERCIAL GENERAL LIABILITY			(	<u> </u>	EACH OCCURRENCE	\$ 2,000,000
	CLAIMS-MADE X OCCUR	X	603948498	5/3/2024	5/3/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 75,000
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						PERSONAL & ADV INJURY	\$ Included
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 4,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
	ANY AUTO		603948498	5/3/2024	5/3/2025	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
В	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE		G74727359	5/3/2024	5/3/2025	AGGREGATE	\$ 5,000,000
	DED RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	A09297341	5/3/2024	5/3/2025	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
Α	Directors & Officers	X	603948498	5/3/2024	5/3/2025	\$1,000 Deductible	1,000,000
Α	Fidelity Bond	X	603948498	5/3/2024	5/3/2025	\$1,000 Deductible	500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
No additional affiliated or unaffiliated projects; Umbrella policy provides additional liability coverage to General Liability and Directors & Officers Liability;
Management Company named Additional Insured on GL, D & O and Fidelity Bond; Policy Includes Separation of Insureds, Building Ordinance (Coverage A, B and C), Boiler/Machinery Breakdown, Wind & Hail, Waiver of Subrogation, Inflation Guard, No Coinsurance; 10 Day notice of cancellation for non payment of premium.

Certificate Holder is named Additional Insured Property Management Company

CERTIFICATE HOLDER	CANCELLATION
The Prescott Companies 9610 Waples Street San Diego, CA 92121	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Gail Biogo, GA 32121	AUTHORIZED REPRESENTATIVE
	Overen 2009

LOC #:



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

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SEE PAGE 1	T	
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