



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/25/2024

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).


<b>PRODUCER</b> Erickson Insurance Agency, Inc. 7560 University Ave., Ste. C  La Mesa CA 91942	<b>CONTACT NAME:</b> <b>PHONE (A/C. No. Ext):</b> (619) 337-9980		<b>FAX (A/C. No.):</b> (619) 462-2453
	<b>E-MAIL ADDRESS:</b>		
		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
		<b>INSURER A: Pennsylvania Manufacturers Assoc</b>	<b>12262</b>
<b>INSURED</b> Daybreak La Mesa Property Owners Association  C/O Community Management 10769 Woodside Ave #210 Santee CA 92071 (619) 270-7360		<b>INSURER B: California Capital Insurance C</b>	<b>13544</b>
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES** TP **CERTIFICATE NUMBER:** Cert ID 23587 (2) **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
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			6BOP1070026081	04/25/2024	04/25/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 Directors & Office \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below			2024010538231Y	04/25/2024	04/25/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Building - 125% RC			6BOP-1070026081	04/25/2024	04/25/2025	\$25,000 Deductible \$ 48,824,800
A	Crime			4124010538231Y	04/25/2024	04/25/2025	Crime/Fidelity \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 B. California Capital Insurance Company POL# #6BOP-1070026081 - Term 04/25/2024 to 04/25/2025 - Building replacement cost coverage is \$48,824,800. In addition, 125% extended replacement cost coverage option is selected - Ded \$25,000 / Water Damage Ded \$25,000 / Wind & Hail Damage - Ded \$25,000 / Equipment Breakdown - Ded \$25,000. Special Form, building Ordinance. Association is comprised of 156 units; Coverage is "Bare Walls" Annual Inflation Guard is 2%. Severability of interest / separate of insured- included. Property Manager is included as an Additional Insured as respects General Liability.

<b>CERTIFICATE HOLDER</b>  Evidence of Insurance  C/O 360 Community Management 10769 Woodside Ave #210 Santee CA 92071	<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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## Daybreak La Mesa Property Owners Association

### INSURANCE SUMMARY DISCLOSURE

The information below is being delivered pursuant to California Civil Code, Section 5300. If you have any questions or need additional information, please contact your Board of Directors.

- I. **PROPERTY INSURANCE**
  - A. Name of Insurer: California Capitol Insurance Company
  - B. Effective Dates: 04/25/2024 – 04/25/2025
  - C. Property Coverage Limits: \$48,824,800 plus 125% extended replacement cost
  - D. All Peril Deductible: \$25,000
- II. **GENERAL LIABILITY INSURANCE**
  - A. Name of Insurer: California Capitol Insurance Company
  - B. Effective Dates: 04/25/2024 – 04/25/2025
  - C. Limits of Liability: \$1,000,000 / \$2,000,000
  - D. General Liability Deductible: \$0
- III. **DIRECTORS & OFFICERS LIABILITY INSURANCE**
  - A. Name of Insurer: California Capitol Insurance Company
  - B. Effective Dates: 04/25/2024 – 04/25/2025
  - C. Limits of Liability: \$1,000,000
  - D. Retention: \$0
- IV. **FIDELITY INSURANCE**
  - A. Name of Insurer: Philadelphia Indemnity Insurance Co
  - B. Effective Dates: 04/25/2024 – 04/25/2025
  - C. Employee Theft / Computer & Wire Fraud: \$1,000,000
- V. **WORKERS' COMPENSATION**
  - A. Name of Insurer: Pennsylvania Manufacturer's Association Insurance
  - B. Effective Date: 04/25/2024 – 04/25/2025
  - C. Employers Liability Limit: \$1,000,000
- VI. **EXCESS LIABILITY INSURANCE**
  - A. Name of Insurer: -
- VII. **EARTHQUAKE AND FLOOD INSURANCE**
  - A. N/A

#### CALIFORNIA CIVIL CODE 5300

*"This summary of the association's policies of insurance provides only certain information, as required by subdivision (e) of Section 1365 of the Civil Code, and should not be considered a substitute for the complete policy terms and conditions contained in the actual policies of insurance. Any association member may, upon request and provision of reasonable notice, review the association's insurance policies and, upon request and payment of reasonable duplication charges, obtain copies of those policies. Although the association maintains the policies of insurance specified in this summary, the association's policies of insurance may not cover your property, including personal property or, real property improvements to or around your dwelling, or personal injuries or other losses that occur within or around your dwelling. Even if a loss is covered, you may nevertheless be responsible for paying all or a portion of any deductible that applies. Association members should consult with their individual insurance broker or agent for appropriate additional coverage."*