



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/23/2020

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 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> License # 0118113<br><b>Berg Insurance Agency</b><br>1 Orchard, Suite 230<br>Lake Forest, CA 92630 | <b>CONTACT NAME:</b><br>PHONE (A/C, No, Ext): <b>(800) 989-7990</b> |  | FAX (A/C, No): <b>(949) 586-9877</b> |
|  | <b>E-MAIL ADDRESS:</b> info@berginsurance.com                       |  |                                      |
| <b>INSURER(S) AFFORDING COVERAGE</b>   |   |  | <b>NAIC #</b>                        |
| <b>INSURER A : Farmers Insurance Exchange</b>  |   |  | <b>21652</b>                         |
| <b>INSURER B : National Surety Corp.</b>   |   |  |                                      |
| <b>INSURER C : Mid Century Insurance Company</b>   |   |  | <b>21687</b>                         |
| <b>INSURER D : Philadelphia Indemnity Ins Co</b>   |   |  |                                      |
| <b>INSURER E :</b>   |   |  |                                      |
| <b>INSURER F :</b>   |   |  |                                      |

**INSURED**

**Woodbridge Parkway Maintenance Association**  
Irvine, CA 92614

### 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  |                      |
|----------|---|-----------------------------------|------------------------------|----------------------------|-------------------------|-------------------------|---|----------------------|
| <b>A</b> | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR   |                                   |                              | <b>602322523</b>           | <b>11/21/2020</b>       | <b>11/21/2021</b>       | EACH OCCURRENCE   | \$ <b>1,000,000</b>  |
|          |   |                                   |                              |                            |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                                       | \$ <b>75,000</b>     |
|          |   |                                   |                              |                            |                         |                         | MED EXP (Any one person)  | \$ <b>5,000</b>      |
|          |   |                                   |                              |                            |                         |                         | PERSONAL & ADV INJURY   | \$ <b>Included</b>   |
|          |   |                                   |                              |                            |                         |                         | GENERAL AGGREGATE   | \$ <b>2,000,000</b>  |
|          |   |                                   |                              |                            |                         |                         | PRODUCTS - COMP/OP AGG  | \$ <b>1,000,000</b>  |
|          |   |                                   |                              |                            |                         |                         |   | \$                   |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:  |                                   |                              |                            |                         |                         |   |                      |
|          | <input checked="" type="checkbox"/> POLICY  | <input type="checkbox"/> PRO-JECT | <input type="checkbox"/> LOC |                            |                         |                         |   |                      |
|          | OTHER:  |                                   |                              |                            |                         |                         |   |                      |
| <b>A</b> | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY   |                                   |                              | <b>602322523</b>           | <b>11/21/2020</b>       | <b>11/21/2021</b>       | COMBINED SINGLE LIMIT (Ea accident)   | \$ <b>1,000,000</b>  |
|          |   |                                   |                              |                            |                         |                         | BODILY INJURY (Per person)  | \$                   |
|          |   |                                   |                              |                            |                         |                         | BODILY INJURY (Per accident)  | \$                   |
|          |   |                                   |                              |                            |                         |                         | PROPERTY DAMAGE (Per accident)  | \$                   |
|          |   |                                   |                              |                            |                         |                         |   | \$                   |
| <b>B</b> | <b>UMBRELLA LIAB</b><br><b>EXCESS LIAB</b>  |                                   |                              | <b>SUO0003241532527589</b> | <b>11/20/2020</b>       | <b>11/20/2021</b>       | EACH OCCURRENCE   | \$ <b>15,000,000</b> |
|          |   |                                   |                              |                            |                         |                         | AGGREGATE   | \$ <b>15,000,000</b> |
|          |   |                                   |                              |                            |                         |                         |   | \$                   |
|          |   |                                   |                              |                            |                         |                         | DED   | RETENTION \$         |
| <b>C</b> | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | <b>Y / N</b><br><b>N</b>          | <b>N / A</b>                 | <b>A09475169</b>           | <b>11/21/2020</b>       | <b>11/21/2021</b>       | <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>  |
| <b>A</b> | <b>Directors &amp; Officers</b>   |                                   |                              | <b>602322523</b>           | <b>11/21/2020</b>       | <b>11/21/2021</b>       | <b>\$1,000 Deductible</b>   | <b>1,000,000</b>     |
| <b>D</b> | <b>Fidelity Bond</b>  |                                   |                              | <b>PCAC0126510120</b>      | <b>11/21/2020</b>       | <b>11/21/2021</b>       | <b>\$25,000 Deductible</b>  | <b>5,000,000</b>     |

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 – Walls In (EXCLUDING Floor, Ceiling and Wall Coverings); Special Form; 100% Replacement Cost Policy with 150% Extended Replacement Cost Endorsement; 301 Units

### CERTIFICATE HOLDER

### CANCELLATION

|                         |  |
|-------------------------|--|
| <b>INFORMATION ONLY</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. |
|                         | <b>AUTHORIZED REPRESENTATIVE</b><br>                                       |



### ADDITIONAL REMARKS SCHEDULE

|  |                             |                                   |   |
|--|-----------------------------|-----------------------------------|---|
| AGENCY<br><b>Berg Insurance Agency</b> |                             | License # 0118113                 | NAMED INSURED<br><b>Woodbridge Parkway Maintenance Association<br/>Irvine, CA 92614</b> |
| POLICY NUMBER<br><b>SEE PAGE 1</b>     |                             |                                   |   |
| CARRIER<br><b>SEE PAGE 1</b>           | NAIC CODE<br><b>SEE P 1</b> | EFFECTIVE DATE: <b>SEE PAGE 1</b> |   |

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

**2020/2021**  
**Insurer A) Building Policy# 602322523 Effective 11/21/2020 - 11/21/2021**  
**\$85,317,933 Limit \$25,000 Deductible**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/23/2020

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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.

Table with 2 main columns: PRODUCER (License # 0118113, Berg Insurance Agency) and CONTACT NAME (Farmers Insurance Exchange, National Surety Corp, etc.).

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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Main table with columns: INSR LTR, TYPE OF INSURANCE, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Includes rows for Commercial General Liability, Automobile Liability, Umbrella Liab, Workers Compensation, and Directors & Officers.

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;

Certificate Holder is named Additional Insured Property Management Company

CERTIFICATE HOLDER CANCELLATION

Table with 2 columns: CERTIFICATE HOLDER (Keystone Pacific Property Management, LLC) and 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 signature).



### ADDITIONAL REMARKS SCHEDULE

|  |                             |                                   |   |
|--|-----------------------------|-----------------------------------|---|
| AGENCY<br><b>Berg Insurance Agency</b> |                             | License # 0118113                 | NAMED INSURED<br><b>Woodbridge Parkway Maintenance Association<br/>Irvine, CA 92614</b> |
| POLICY NUMBER<br><b>SEE PAGE 1</b>     |                             |                                   |   |
| CARRIER<br><b>SEE PAGE 1</b>           | NAIC CODE<br><b>SEE P 1</b> | EFFECTIVE DATE: <b>SEE PAGE 1</b> |   |

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**2020/2021**  
Insurer A) **Building Policy# 602322523 Effective 11/21/2020 - 11/21/2021**  
**\$85,317,933 Limit \$25,000 Deductible**