



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/1/2021

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 # 0118113 Berg Insurance Agency 1 Orchard, Suite 230 Lake Forest, CA 92630	CONTACT NAME: PHONE (A/C, No, Ext): (800) 989-7990 FAX (A/C, No): (949) 586-9877	
	E-MAIL ADDRESS: info@berginsurance.com	
INSURED Mission Ridge Condominium Association San Diego, CA 92108	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Farmers Insurance Exchange	NAIC # 21652
	INSURER B: Fireman's Fund Insurance	29181
	INSURER C: Employers Insurance Group	
	INSURER D: PMA Insurance Group	
	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.


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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		605495161	11/1/2021	11/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 75,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			605495161	11/1/2021	11/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 RETENTION \$			USL01482121U244415	11/1/2021	11/1/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	EIG157220709	11/1/2021	11/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Directors & Officers	X		605495161	11/1/2021	11/1/2022	\$2,500 Deductible 1,000,000
D	Fidelity Bond	X		PENDING	11/1/2021	11/1/2022	\$25,000 Deductible 3,250,000

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

Curtis Management 5050 Avenida Encinas Suite 160 Carlsbad, CA 92008	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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ADDITIONAL REMARKS SCHEDULE

AGENCY Berg Insurance Agency		License # 018113	NAMED INSURED Mission Ridge Condominium Association San Diego, CA 92108
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

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

2021/2022
Insurer A) **Building Policy# 605495161 Effective 11/01/2021 - 11/01/2022**
\$63,575,694 Limit \$25,000 Deductible



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Table with 2 main columns: PRODUCER (License # 0118113, Berg Insurance Agency) and CONTACT NAME/INSURER(S) AFFORDING COVERAGE (Farmers Insurance Exchange, Fireman's Fund Insurance, 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. Rows include 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; 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 (INCLUDING Improvements & Betterments); Special Form; 100% Replacement Cost Policy with 150% Extended Replacement Cost Endorsement; 277 Units

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POLICY NUMBER SEE PAGE 1			
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