



CERTIFICATE OF LIABILITY INSURANCE

OP ID: CE

DATE (MM/DD/YYYY)

04/07/2017

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).

| | | | |
|---|--|---|--|
| PRODUCER Socher Insurance Agency, Inc. 1350 Old Bayshore Highway Suite 630 Burlingame, CA 94010 | | CONTACT NAME: Dennis Socher PHONE (A/C, No, Ext): 650-312-9300 FAX (A/C, No): 650-312-9306 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: CROWN-2 | |
| INSURED Crown Harbor Homeowners Assn Associa Northern California 8000 Jarvis Avenue Newark, CA 94560 | | INSURER(S) AFFORDING COVERAGE INSURER A : Sequoia Insurance Company INSURER B : Continental Casualty Co. INSURER C : Wesco Insurance Company INSURER D : National Surety Corporation INSURER E : INSURER F : | |
| | | NAIC # | |

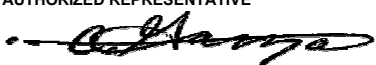
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|--|-------------------------------------|-------------|-----------------------|-------------------------|-------------------------|---|---------------|
| A | <input checked="" type="checkbox"/> GENERAL LIABILITY | | | SEP1002253 02 | 03/31/2017 | 03/31/2018 | EACH OCCURRENCE | \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 300,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | MED EXP (Any one person) | \$ 5,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | | | | | | | PRODUCTS - COMPI/OP AGG | \$ 2,000,000 |
| | | | | | | | | \$ |
| A A | <input type="checkbox"/> AUTOMOBILE LIABILITY | | | SEP1002253 02 | 03/31/2017 | 03/31/2018 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | | | PROPERTY DAMAGE (PER ACCIDENT) | \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS | | | | | | | \$ |
| <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | \$ | | | | |
| D | <input checked="" type="checkbox"/> UMBRELLA LIAB | <input checked="" type="checkbox"/> | OCCUR | SUO00032218307-5510-4 | 03/31/2017 | 03/31/2018 | EACH OCCURRENCE | \$ 10,000,000 |
| | <input type="checkbox"/> EXCESS LIAB | <input type="checkbox"/> | CLAIMS-MADE | | | | AGGREGATE | \$ 10,000,000 |
| | <input type="checkbox"/> DEDUCTIBLE | | | | | | | \$ |
| | <input checked="" type="checkbox"/> RETENTION \$ 0 | | | | | | | \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | WWC3255431 | 03/31/2017 | 03/31/2018 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS | OTHER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | <input type="checkbox"/> | Y / N | | | | E.L. EACH ACCIDENT | \$ 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | N / A | | | | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 |
| B | Directors & Officers Liability | | | 0251133950 | 03/31/2017 | 03/31/2018 | Limit: | \$ 1,000,000 |
| | | | | | | | Ded: | \$ 1,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Please see Certificate of Property, Accord 24, for building values.

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|--|
| FORINFO For Informational Purposes | 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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