PEPPTOW-01

KBROWN



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/17/2022

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.

th	SUBROGATION IS WAIVED, subjectis certificate does not confer rights to	o the	cert	ificate holder in lieu of su	ich end	lorsement(s)		- Toquito un ondorsomer				
PRODUCER License # 0I18113 Berg Insurance Agency						CONTACT NAME: PHONE (200) 222 7020 FAX (240) 526 9277						
1 Or	g insurance Agency chard, Suite 230				(A/C, N	o, Ext): (000 <i>)</i> 3	89-7990	FAX (A/C, No):	(949)	586-9877		
	Forest, CA 92630				ADDRE	_{ss:} info@be	rginsurand	e.com				
						INS	URER(S) AFFO	RDING COVERAGE		NAIC#		
					INSURE							
INSURED						R в : United S	States Liab	oility Ins.				
					INSURE	RC:PMA Ins	surance G	roup				
	Pepper Townehomes Assoc Santee, CA 92071	iatio	n		INSURE	RD:						
	Cantee, OA 3207 1				INSURER E :							
					INSURE							
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		1		
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	DED B	ANY CONTRAC THE POLICI REDUCED BY I	CT OR OTHER ES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	CT TO	WHICH THIS		
LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	'S			
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
								MED EXP (Any one person)	\$			
								PERSONAL & ADV INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$			
	OTHER:							FRODUCTS - COMPTOF AGG	\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO							BODILY INJURY (Per person)	\$			
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$			
		1						AGGREGATE	\$			
Α	DED RETENTION \$ WORKERS COMPENSATION							▼ PER OTH-	\$			
^	AND EMPLOYERS' LIABILITY			TWC4077929		2/4/2022	2/4/2023	X PER OTH- STATUTE OTH-		1,000,000		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		1100-1011020		2/4/2022	27 11/2020	E.L. EACH ACCIDENT	\$	1,000,000		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		1,000,000		
В	DÉSCRIPTION OF OPERATIONS below Directors & Officers			CAP1565533		2/4/2022	2/4/2023	\$5,000 Deductible	\$	1,000,000		
_	Fidelity Bond			4122011375914Y/G72565	4000	2/4/2022	2/4/2023	' '		1,900,000		
С	Fidelity Bolid			412201137591417972505	1300	2/4/2022	21412023	\$10,000 Deductible		1,900,000		
Insu	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC dditional affiliated or unaffiliated projec reds, Building Ordinance (Coverage A, CCR – Bare Walls (All Interior Coverage	B an	d C),	Wind & Hail, No Coinsurar	nce; 10	Day notice of	cancellation	red) Fidelity Bond; Policy Inclu n for non payment of pren	des Senium.	paration of		
CF	RTIFICATE HOLDER				CANO	CELLATION						
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. AUTHORIZED REPRESENTATIVE						

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY	ense # 0l18113							
Berg Insurance Agency		Pepper Townehomes Association Santee, CA 92071						
POLICY NUMBER								
SEE PAGE 1								
CARRIER	NAIC CODE							
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1						

ADDITIONAL REMARKS

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

2022/2023

Insurer D)

Lexington Insurance Company/Palms Insurance Company

Building Policy #01719470800/PLM0019100 Effective 05/15/2022 - 05/15/2023

\$5,000,000 Limit \$25,000 Deductible/\$250,000 Wildfire & Wildfire Smoke Deductible/\$100,000 Water Damage & Sprinkler Leakage Deductible



Serving California Communities for Over 40 years

Civil Code §5300 Insurance Disclosure Prepared for Pepper Townehomes Association

Property Coverage Policy # - 01719470800/PLM0019100

1. Name of Insurer: Lexington Insurance/Palms Insurance Company

2. Policy Limits: \$5,000,000

3. Deductible: \$25,000 per occurrence/\$100,000 Water Damage

\$250,000 Wildfire & Wildfire Smoke

4. Effective Dates: 5/15/2022 to 5/15/2023

ALL INTERIOR COVERAGE EXCLUDED

D&O Coverage Policy # - CAP1565533

1. Name of Insurer: United States Liability Insurance Company

2. Policy Limits: \$1,000,000

3. Deductible: \$5,000 per occurrence

4. Effective Dates: 2/4/2022 to 2/4/2023

Fidelity Bond Coverage Policy # - 4122011375914Y/G72565198001

1. Name of Insurer: PMA Insurance Group

2. Policy Limits: \$1,900,000

3. Deductible: \$10,000 per occurrence

4. Effective Dates: 2/4/2022 to 2/4/2023

Workers Comp Coverage Policy # - TWC4077929

Name of Insurer: Technology Insurance Company
 Policy Limits: \$1,000,000 Statutory Limits

3. Deductible: None

4. Effective Dates: 2/4/2022 to 2/4/2023

"This summary of the association's policies of insurance provides only certain information, as required by Section 5300 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."



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UNIT OWNERS' INSURANCE NEEDS

Personal Property Coverage

The Association Master Policy does not cover a unit owner's personal property and may have limited or excluded coverage for the fixtures and improvements to the unit interior. This coverage should be obtained with a "Contents Replacement Cost" endorsement, which will replace damaged property without deduction for depreciation.

Loss of Use

If the unit is unlivable due to a covered loss, this coverage will pay for the unit owner's additional living expense. For rental units, the coverage pays the lost income to the unit owner while the unit is vacant due to a covered loss. An insurance professional can help determine an adequate limit for this coverage.

Loss Assessment

This coverage will pay a special assessment levied by the association to the membership due to an insured loss exceeding the association's master policy limits. This is not coverage for common area maintenance assessments.

Personal Liability

This coverage pays for the bodily injury or property damage to a third party if the unit owner is liable due to unintentional acts. It also covers family members, sporting activities and injury caused by pets.

California Earthquake Authority (CEA)

Coverage is available through this state-run program, or similar programs operated by individual insurance carriers, for damage incurred in the event of an earthquake. Contact an insurance professional or go to earthquakeauthority.com for more information.





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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. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: PHONE

PROI	UCEF	Nebeter Incurence Agenc	sz le	30		CONTAC NAME:	^{CT} Danie	l Webster				
Webster Insurance Agency, Inc. 8315 La Mesa Blvd.										(c, No): 619 741-1047		
						E-MAIL ADDRESS: dan@websterinsur.com						
La Mesa, CA 91942						INSURER(S) AFFORDING COVERAGE					NAIC#	
		License #: 0M08728				INSURER A : LIBERTY MUTUAL INSURANCE CO						
INSU	RED						INSURER B:					
		Pepper Townhomes Asso	ciat	ion		INSURER C:						
		10769 Woodside Ave Unit										
		Santee, CA 92071				INSURER D:						
		Santee, CA 92071				INSURE						
	-					INSURE	RF:		DEVICION NUMBER.			
CO	VER	AGES CER	TIFIC	ATE	NUMBER: 00010999-5	6760	COLLED TO TH		REVISION NUMBER:		DEDIOD	
IN C	DICA	S TO CERTIFY THAT THE POLICIES OF A THE POLICIES	QUIRE	MEN 1. TH	T, TERM OR CONDITION OF E INSURANCE AFFORDED	F ANY C BY THE	CONTRACT OF POLICIES DE REDUCED BY	ROTHER DOC SCRIBED HER PAID CLAIMS:	UMENT WITH RESPECT T REIN IS SUBJECT TO ALL 1	O WHI	CH THIS	
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs		
A	X	COMMERCIAL GENERAL LIABILITY	1130	****	BKO (23) 64733146	;	05/15/2022	05/15/2023	EACH OCCURRENCE	\$	1,000,000	
_	^	CLAIMS-MADE OCCUR			(25) 5 551 16				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000	
		CLATIVIS-IVIADE OCCUR							MED EXP (Any one person)	\$	15,000	
									PERSONAL & ADV INJURY	s	1,000,000	
										\$	2,000,000	
		N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		2,000,000	
	X	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
		OTHER:							COMBINED SINGLE LIMIT	\$		
	AUT	TOMOBILE LIABILITY							(Ea accident)	-		
		ANY AUTO							BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
		AUTOS CINET								\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
		OD HING HINGE	1							\$		
	woi	DED RETENTION \$ RKERS COMPENSATION	-						PER OTH- STATUTE ER			
	AND	PROPRIETOR/PARTNER/EXECUTIVE Y/N							E.L. EACH ACCIDENT	s		
	OFF	ICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYE	_		
	If ye	ndatory in NH) s, describe under							E.L. DISEASE - POLICY LIMIT			
	DÉS	SCRIPTION OF OPERATIONS below	-	-			-	-	E.L. DISEASE - POLICY LIMIT	Ψ		
									1 - 4			
DES	icrip'	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	D 101, Additional Remarks Sched	uie, may	be attached if inc	ne space is requi	ieuj			
CE	RTI	FICATE HOLDER				CAN	ICELLATION	l				
Proof of Insurance						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
						AUTH	AUTHORIZED REPRESENTATIVE (D					