KBROWN



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/16/2020

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 statemen this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										atement on	
PROD	DUCER License # 0l18113	CONTACT NAME:									
	Insurance Agency	PHONE (A/C, No, Ext): (800) 989-7990 FAX (A/C, No): (949)					949) 5	86-9877			
	chard, Suite 230 Forest, CA 92630	E-Mall info@berginsurance.com									
						INSURER(S) AFFORDING COVERAGE					NAIC#
					INSURE	RA: Truck II	nsurance E	xchange			21709
INSU	RED				INSURE	RB: Wesco	Insurance (Company			
	A	- 4.			INSURE	RC:		-			
	Antares Community Association Diego, CA 92130	ation			INSURER D:						
	Jan 210g0, 07102100				INSURER E :						
					INSURER F:						
CO	/ERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUM	BER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERI INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM							WHICH THIS				
	CLUSIONS AND CONDITIONS OF SUCH		BEEN F	POLICY EFF	PAID CLAIMS. POLICY EXP						
NSR LTR					(MM/DD/YYYY) (MM/DD/YYYY) LIMITS				2,000,000		
^	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTE		\$	
	CLAIMS-MADE X OCCUR	X		604840244		8/14/2020	8/14/2021	PREMISES (Ea occur		\$	75,000
								MED EXP (Any one p	erson) \$	\$	5,000
								PERSONAL & ADV IN	NJURY \$	\$	Included

Α	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	2,000,000
	CLAIMS-MADE X OCCUR	х	604840244	8/14/2020	8/14/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	75,000
		^				MED EXP (Any one person)	s	5,000
						PERSONAL & ADV INJURY	s	Included
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	4,000,000
	X POLICY PRO- LOC						1	2,000,000
-						PRODUCTS - COMP/OP AGG	\$,
_	OTHER:					COMBINED SINGLE LIMIT	\$	2 000 000
Α	AUTOMOBILE LIABILITY					(Ea accident)	\$	2,000,000
	ANY AUTO		604840244	8/14/2020	8/14/2021	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
	DED RETENTION\$						\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N		WWC3482914	8/14/2020	8/14/2021	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Directors & Officers	Х	604840244	8/14/2020	8/14/2021	\$1,000 Deductible		2,000,000
Α	Fidelity Bond	Х	604840244	8/14/2020	8/14/2021	\$5,000 Deductible		225,000
ļ								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is named Additional Insured Property Management Company

CERTIFICATE HOLDER	CANCELLATION
Curtis Management 5050 Avenida Encinas Suite 160	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Carlsbad, CA 92008	Michael Ing

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

	ADDITIONAL	- 17-141/	INITO OUTILDULL	
AGENCY Berg Insura		nse # 0118113	NAMED INSURED Antares Community Association San Diego, CA 92130	
POLICY NUMBER				
SEE PAGE '				
CARRIER		NAIC CODE		
SEE PAGE '		SEE P 1	EFFECTIVE DATE: SEE PAGE 1	
ADDITIONA	L REMARKS			
THIS ADDITI	ONAL REMARKS FORM IS A SCHEDULE TO ACO	RD FORM,		
FORM NUME	BER: ACORD 25 FORM TITLE: Certificate of Liabili	ty Insurance		
2020/2021 Insurer A)	Building Policy #604840244 Effective 08 \$140,000 Limit \$5,000 Deductible	8/14/2020 T	o 08/14/2021	



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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

tł	SUBROGATION IS WAIVED, subjecting certificate does not confer rights to	t to	the cert	terms and conditions of ificate holder in lieu of su	ich end	lorsement(s)	policies may	require an endorsemen	t. As	tatement on	
	DUCER License # 0118113				CONTACT NAME: PHONE (200) 020 7000 FAX (040) 596 0277						
Berg Insurance Agency 1 Orchard, Suite 230						(A/C, No, Ext): (OUU) 909-7990 (A/C, No): (949) 900-9077					
	e Forest, CA 92630				E-MAIL ADDRE	_{ss:} info@be	rginsuranc	e.com			
						INS	SURER(S) AFFO	RDING COVERAGE		NAIC#	
					INSURE	RA: Truck li				21709	
INSL	JRED					RB: Wesco					
					INSURE						
	Antares Community Associa	ation			INSURE						
	San Diego, CA 92130				INSURE						
					INSURE					+	
	VERAGES CER	TIEI	^ A TE	E NUMBER:	INSURE	Kr.		REVISION NUMBER:			
T IN C E	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	S O EQUI PER POLI	F INS REMI TAIN, CIES.	SURANCE LISTED BELOW I ENT, TERM OR CONDITIOI THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC THE POLICI REDUCED BY	CT OR OTHER IES DESCRIE PAID CLAIMS	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	CT TO	WHICH THIS	
INSR LTR		INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	2 000 000	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	2,000,000	
	CLAIMS-MADE X OCCUR			604840244		8/14/2020	8/14/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	75,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	Included	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	4,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:							COMBINED SINGLE LIMIT	\$	0.000.000	
Α	AUTOMOBILE LIABILITY							(Ea accident)	\$	2,000,000	
	ANY AUTO			604840244		8/14/2020	8/14/2021	BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		WWC3482914			8/14/2021	X PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE N					8/14/2020		E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
Α	Directors & Officers			604840244		8/14/2020	8/14/2021	\$1,000 Deductible		2,000,000	
Α	Fidelity Bond			604840244		8/14/2020	8/14/2021	\$5,000 Deductible		225,000	
DES **C(CRIPTION OF OPERATIONS / LOCATIONS / VEHICL DMMON AREA COVERAGE ONLY**	LES (A	ACORE	D 101, Additional Remarks Schedu	lle, may b	e attached if mor	e space is requi	red)			
CE	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.					
				AUTHO	RIZED REPRESE	NTATIVE					

LOC #:



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2020/2021 Insurer A)	Building Policy #604840244 Effective 08 \$140,000 Limit \$5,000 Deductible	8/14/2020 T	o 08/14/2021	