



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/7/2025

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 Richard Votaw Insurance Agency
P.O. Box 5639
Tahoe City CA 96145

CONTACT NAME: RICHARD VOTAW

PHONE (A/C, No, Ext): 530-583-0294

FAX (A/C, No): 530-302-3394

E-MAIL ADDRESS: tomika@votawagency.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: NORTHFIELD INSURANCE COMPANY

27987

INSURED GOLD RIDGE FOREST POA
4101 OPAL TRAIL
POLLOCK PINES CA 95723

INSURER B:

INSURER C:

INSURER D:

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 SUBR INSD VVD	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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input type="checkbox"/> <input type="checkbox"/>	WS662484	06/07/2025	06/07/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	<input type="checkbox"/> <input type="checkbox"/>				
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTIONS	<input type="checkbox"/> <input type="checkbox"/>				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N <input type="checkbox"/> N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	PROFESSIONAL ASSOCIATION LIAB	<input type="checkbox"/> <input type="checkbox"/>	619023183	07/07/2025	07/07/2026	Aggregate Limit \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
CERTIFICATE HOLDER IS ALSO LISTED AS ADDITIONALLY INSURED.

CERTIFICATE HOLDER

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

RICHARD VOTAW

08/11/2025

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California FAIR Plan Association
COMMERCIAL INSURANCE POLICY DECLARATIONS

725 S. Figueroa Street, Suite 3900
Los Angeles, CA 90017
(800) 339-4099
www.cfpnet.com

TRANSACTION TYPE Commercial-Renewal Offer

YOUR INSURANCE BROKER

Sky Financial And Insurance Services Llc
6960 Destiny Dr Ste 101
Rocklin, CA 95677

PHONE NUMBER (916) 540-7000

DATE ISSUED 04/14/2025

POLICY NUMBER COM 0300441962 03

POLICY PERIOD 06/09/2025 To 06/09/2026
12:01 a.m. at the property location

INSURED NAME AND MAILING ADDRESS

GOLD RIDGE FOREST PROPERTY OWNERS
ASSOCIATION,
4101 OPAL TRL
POLLOCK PINES, CA 95726

PROPERTY LOCATION

4101 OPAL TRL
POLLOCK PINES, CA 95726

APR 29 2025

IMPORTANT NOTICE TO INSURED

Check to see that the amount and type of coverage provided by this policy is appropriate. That determination is solely your responsibility.

RATING INFORMATION

DEDUCTIBLE (Per Occurrence) \$5000

COVERAGE AND PREMIUM INFORMATION

In case of loss we cover only that part of the loss which exceeds the deductible shown. We provide only those coverages and perils shown below as selected (✓). These are brief summary descriptions; please read the entire policy for details about coverages and covered perils. Please ask your broker for assistance if you wish to obtain information about any coverages you have not purchased

COVERAGES, LIMITS, PERILS AND PREMIUMS

SELECTED COVERAGES	LIMITS	PERILS INSURED AGAINST	PREMIUMS
<input checked="" type="checkbox"/> Building(s) <i>see Schedule attached</i>	\$ 930,000	<input checked="" type="checkbox"/> Fire, Lightning and Explosion	\$ 4,515
<input checked="" type="checkbox"/> Business Personal Property	\$ 120,000	<input checked="" type="checkbox"/> Extended Coverages	\$ 507
<input type="checkbox"/> Personal Property of Others	\$ 0	<input checked="" type="checkbox"/> Vandalism	INCLUDED
<input checked="" type="checkbox"/> Business Income and Extra Expense 25% Monthly Limitation	\$ 150,000	<input type="checkbox"/> Sprinkler Leakage	EXCLUDED
<input checked="" type="checkbox"/> Other Structures	\$ 100,000		
<input type="checkbox"/> Improvements and Betterments	\$ 0		
<input type="checkbox"/> Replacement Cost	EXCLUDED		

Total Annual Premium \$ 7,509

THIS IS NOT A BILL

**You will be sent a bill approximately 30 days
prior to the renewal effective date or you may**

GOLD RIDGE FOREST PROPERTY OWNERS
ASSOCIATION,
4101 OPAL TRL
POLLOCK PINES, CA 95726

continued reverse side.

CEP-008R (10/2016)