

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

						•••••••		_		03	3/11/2022		
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.													
PRO	DUCE	R				CONTACT Ba	lsiger Insurance						
		Insurance				NAME: Dataiger insurance							
	Ũ					PHONE (702) 220-8640 (A/C, No, Ext): (702) 220-8640 (A/C, No): (866) 865-2046							
		Sunset Rd				E-MAIL ADDRESS: servicerequest@balsigerinsurance.com							
Suite 100 PRODUCER 00030497 CUSTOMER ID: 00030497											1		
Las	Vega	as		NV	89120	INSURER(S) AFFORDING COVERAGE N					NAIC #		
INSU	RED				INSURER A: Me	INSURER A: Mesa Underwriters Specialty Insurance Company							
Los	Nog	ales Condo Ass	ociation			INSURER B : Gr	eat American Allianc	e Insi	urance Company				
433	1 Dic	kason #201				INSURER C : Underwriters at Lloyd's of London							
					MODILEN C.								
Dall	26			ТХ	INSURER D :								
Dui					10210	INSURER E :							
					00040400		INSURER F :						
		AGES		CERTIFICATE NUMBER:	CP216100			REV	ISION 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		TYPE OF IN	SURANCE	POLICY NUMBER		POLICY EFFECTIVE	POLICY EXPIRATION		OVERED PROPERTY		LIMITS		
LTR						DATE (MM/DD/YYYY)	DATE (MM/DD/YYYY)				LIMITO		
	X	PROPERTY							BUILDING	\$			
	CAL	ISES OF LOSS	DEDUCTIBLES						PERSONAL PROPERTY	\$			
		BASIC	BUILDING						BUSINESS INCOME	\$ \$ \$			
		BROAD	\$5,000 CONTENTS	_					EXTRA EXPENSE				
	×	SPECIAL	\$5,000						RENTAL VALUE				
	~	EARTHQUAKE		-					BLANKET BUILDING	\$ \$ 3,348,240			
А				MP0112011000049		06/15/2021	06/15/2022	\square		\$ 110,000 \$			
		WIND	EXCLUDED	_				\mathbf{X}	BLANKET PERS PROP				
		FLOOD							BLANKET BLDG & PP				
	X	90% Colns	Rplc Cost					$ \times$	Ord Law Cov A	💲 Inclu			
	×	2% Infl Grd	\$					$ \times $	Ord Law Cov B&C	\$ 100,000			
		INLAND MARINE AUSES OF LOSS NAMED PERILS		TYPE OF POLICY						\$			
	CAL												
				POLICY NUMBER						\$ \$ ¢			
	$\overline{}$							🗙 Limit		\$ \$ 50,000			
в	X			SSA 202 56 74 40705 04		06/15/2021	06/15/2022	Limit Deductible		Ψ			
D				SSA-392-56-74-10705-01		06/15/2021	06/15/2022			\$ 1,000			
	Em	ployee Theft / F								\$			
А	×	BOILER & MACH		MP0112011000049		06/15/2021	06/15/2022	X	Included	\$			
										\$			
с	Wir	nd Deductible B	uy Back	2112097200004		06/15/2021	06/15/2022	X	Limit	\$ 34,6	608		
C				21N3087300004		06/15/2021	06/15/2022	\mathbf{X}	Deductible	s 2%	each occur.		
SPE	IAL C	ONDITIONS / OTH	IER COVERAGES (A	ACORD 101, Additional Remarks Sch	hedule, may be a	attached if more space i	s required)	1 * *		1 *			
		e of Insurance		. ,			·····						
	GIIUE												
<u> </u>		A											
CERTIFICATE HOLDER To Whom It May Concern						SHOULD ANY THE EXPIRAT	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.						
1													
						AUTHORIZED REF	AUTHORIZED REPRESENTATIVE Kathleen Ross						
					1	Kathleen Koss							

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/11/2022

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. 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 Balagor Insurance						
	iger Insurance				PHONE FAX						
	1 E. Sunset Rd	(A/C, No, Ext): (A/C, No):									
Suite 100						ADDRESS:					
	Vegas	INSURER(S) AFFORDING COVERAGE					26808				
	8			NV 89120	INSURER A : Hallmark Specialty Insurance Company					20000	
INSURED						INSURER B: Pennsylvania Manufacturers Association Insurance					
Los Nogales Condo Association						INSURER C : Great American Insurance Company					
					INSURE	RD:					
					INSURER E :						
					INSURE	RF:					
CO	/ERAGES CER	FIFIC	ATE	NUMBER: CL216102005	2			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)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE	_{\$} 1,00	0,000	
								DAMAGE TO RENTED PREMISES (Ea occurrence)	_{\$} 100,	000	
								MED EXP (Any one person)	\$ 5,00	0	
А		Y		G42422291-1		06/15/2021	06/15/2022	PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000		
								PRODUCTS - COMP/OP AGG	s Inclu	ded	
	OTHER: Separation of Insureds							PRODUCTS - COMP/OP AGG	\$		
								COMBINED SINGLE LIMIT	\$ 1,00	0.000	
								(Ea accident) BODILY INJURY (Per person)	. , ,		
А	OWNED SCHEDULED			G42422291-1		06/15/2021	06/15/2022	BODILY INJURY (Per accident)			
~	AUTOS ONLY AUTOS HIRED NON-OWNED			042422231-1		00/10/2021	00/10/2022	PROPERTY DAMAGE	\$		
								(Per accident)	-		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					06/15/2021	06/15/2022	X PER OTH- STATUTE ER			
в				2021011254556Y				E.L. EACH ACCIDENT	\$ 1,000,000		
U				20210112010001			00,10,2022	E.L. DISEASE - EA EMPLOYEE	_{\$} 1,00	0,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	_{\$} 1,00	0,000	
	Directors & Officers Policy							Limit	\$1,0	00,000	
С	C Directors & Officers Policy			EPPE457777-01		06/15/2021	06/15/2022	Deductible	\$1,0	00	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	ace is required)				
	espects general liability certificate holder is a	-			-	-		he first named insured: as			
	lired by written contract; subject to terms, co										
<u> </u>											
CEF	RTIFICATE HOLDER				CANC	ELLATION					
To Whom It May Concern						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 REPRESEN	ITATIVE				
								FIDAL POLAT			
Kathleen Ross											

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