

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 06/14/2023

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.

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PRODUCER			CONTACT NAME:	Balsiger Insurance		
Balsiger Insurance - Nevada			PHONE (A/C, No, Ext):	(702) 220-8640	FAX (A/C, No):	
3481 East Sunset Road Ste 100			E-MAIL ADDRESS:	servicerequest@balsigerinsurance.com		
			PRODUCER CUSTOMER II	D: 00061844		
Las Vegas	NV	89120		INSURER(S) AFFORDING COVERAGE		NAIC#
INSURED			INSURER A:	Accredited Surety and Casualty Compan	y, Inc.	26379
Los Nogales Condo Association			INSURER B:	GREAT AMERICAN ALLIANCE INSURA	NCE COMPANY	
4347 DICKASON #217			INSURER C :			
			INSURER D :			
Dallas	TX	75219	INSURER E :			
			INSURER F:			
			_			

COVERAGES CERTIFICATE NUMBER: CP2361402912 REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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		SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY	LIMITS
	×	PROPERTY						BUILDING	\$
	CAUSES OF LOSS DEDUCTIBLES		DEDUCTIBLES					PERSONAL PROPERTY	\$
		BASIC	BUILDING \$2,500		06/15/2023		×	BUSINESS INCOME	§ Included
		BROAD	CONTENTS	1-HNY-TX-01-01430681-00				EXTRA EXPENSE	\$
А	×	SPECIAL	\$2,500					RENTAL VALUE	\$
		EARTHQUAKE				06/15/2024	×	BLANKET BUILDING	\$ 3,348,240
	×	WIND	1.75%	1-1111-17-01-01430001-00	00/15/2023		×	BLANKET PERS PROP	\$ 40,000
		FLOOD						BLANKET BLDG & PP	\$
	×	100% RC					×	No Colnsurance	\$
							×	2% Inflation Guard	\$
		INLAND MARINE		TYPE OF POLICY					\$
	CAL	JSES OF LOSS							\$
		NAMED PERILS		POLICY NUMBER					\$
									\$
	×	CRIME					×	Limit	\$ 50,000
В	TYPE OF POLICY Employee Theft / Fidelity			SSA-392-56-74-10705-03	06/15/2023	06/15/2024	×	Deductible	\$ 1,000
			idelity				×	Mgr & Mgmt Co are	\$ also an Insured
Α	BOILER & MACHINERY / EQUIPMENT BREAKDOWN			1-HNY-TX-01-01430681-00	06/15/2023	06/15/2024	×	Limit	_{\$} 3,413,240
^			EANDOWN	1-11141-17-01-01430001-00	00/13/2023	00/13/2024	×	Deductible	\$ 2,500
Α	Ordinance or Law			1-HNY-TX-01-01430681-00	06/15/2023	06/15/2024	×	Coverage A	\$ Included
^				1-11141-17-01-014-0001-00	00/13/2023	00/13/2024	×	Coverage B&C	\$ 334,824

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Number of Units: 32, Coverage is as built, walls in, no coverage for betterments or improvements; 10-day notice of cancellation except 30 days for non-payment of premium. Includes Waiver of Subrogation.

Lenders, please go to www.icerts.com to obtain your COIs.

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
	Kouthleen Ross

^{***} EVIDENCE OF INSURANCE ***



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/14/2023

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If	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to	the to	erms	and conditions of the pol	icy, ćer	tain policies		•		
PROI	DUCER				CONTAC NAME:	T Balsiger Ir	nsurance			
Bals	iger Insurance - Nevada				PHONE (A/C, No,	Ext): (702) 22	20-8640	FA (A/	(X /C. No):	
348	I East Sunset Road Ste 100				E-MAIL ADDRES	convicoror	quest@balsige	rinsurance.com	, ,	
						INS	SURER(S) AFFOR	DING COVERAGE		NAIC#
Las	Vegas			NV 89120	INSURE	RA: Accredite	ed Surety and	Casualty Company, In	nc.	26379
INSU	RED				INSURE	RB: ALLIED	WORLD ASSU	RANCE COMPANY ((U.S.) INC.	19489
	Los Nogales Condo Association				INSURE	١٠.		JFACTURERS' ASSO		
	4347 DICKASON #217				INSURE	RD: GREAT	AMERICAN IN	SURANCE COMPAN	Υ	16691
					INSURE	RE:				
	Dallas			TX 75219	INSURER F:					
COVERAGES CERTIFICATE NUMBER: CL2361410977 REVISION NUMBER:										
IN CE	IIS IS TO CERTIFY THAT THE POLICIES OF I DICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERTA ICLUSIONS AND CONDITIONS OF SUCH PO	REMEN AIN, TH	NT, TE	ERM OR CONDITION OF ANY C SURANCE AFFORDED BY THE	CONTRA POLICIE	CT OR OTHER	DOCUMENT \ D HEREIN IS S	WITH RESPECT TO WI	HICH THIS	
INSR LTR	INSR ADDLISI LTR TYPE OF INSURANCE INSD W		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR				-00 06/15.	06/15/2023	06/15/2024	DAMAGE TO RENTED PREMISES (Ea occurrent	ice) jo	100,000
								MED EXP (Any one perso	on) \$	5,000
Α				1-HNY-TX-01-01430681-00				PERSONAL & ADV INJUI	L1 4	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP	AGG \$	2,000,000
	OTHER: Separation of Insureds								\$	
AUTOMOBILE LIABILITY							COMBINED SINGLE LIM (Ea accident)	IIT \$	1,000,000	
	ANY AUTO							BODILY INJURY (Per per	rson) \$	
Α	OWNED SCHEDULED AUTOS		1-HNY-TX-01-01430681-00			06/15/2023	06/15/2024	BODILY INJURY (Per acc	cident) \$	
	✓ HIRED ✓ NON-OWNED	NON-OWNED			I			PROPERTY DAMAGE	۱.	

AUTOS NON-OWNED AUTOS ONLY \$ AUTOS ONLY \$ UMBRELLA LIAB 5,000,000 OCCUR EACH OCCURRENCE В **EXCESS LIAB** 0313-5686-1912634 06/15/2023 06/15/2024 5,000,000 CLAIMS-MADE AGGREGATE DED RETENTION \$ WORKERS COMPENSATION X STATUTE AND EMPLOYERS' LIABILITY 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT 2023011254556Y 06/15/2023 06/15/2024 N/A 1,000,000 (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT Limit \$1,000,000

06/15/2023

06/15/2024

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

EPPE457777-03

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
1	Kourleen Ross

Deductible

\$1,000

Directors & Officers

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