



CERTIFICATE OF PROPERTY INSURANCE

3046002

DATE (MM/DD/YYYY)
07/12/2024

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER Scott Litman Insurance Agency, Inc. 4500 Park Granada Blvd., Suite 202 Calabasas, CA 91302 (818) 879-5980	CONTACT NAME: Scott Litman PHONE (A/C, No, Ext): 8188795980 FAX (A/C, No): E-MAIL ADDRESS: customerservice@sliaains.com PRODUCER CUSTOMER ID:														
INSURED PH&L Community Association c/o Seabreeze Management PO Box 4579 Dept 291 Houston, TX 77210-4579	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Underwriters at Lloyd's of London</td><td></td></tr><tr><td>INSURER B: PMA Insurance Group</td><td>12262</td></tr><tr><td>INSURER C: United States Liability Insurance</td><td>25895</td></tr><tr><td>INSURER D: Federal Insurance Company</td><td>20281</td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Underwriters at Lloyd's of London		INSURER B: PMA Insurance Group	12262	INSURER C: United States Liability Insurance	25895	INSURER D: Federal Insurance Company	20281	INSURER E:		INSURER F:	
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COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required) ., ., ., CA 00000-0000 PH&L Community Association; 13020 Pacific Promenade, Playa Vista, CA 90094
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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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS														
A	<input checked="" type="checkbox"/> PROPERTY CAUSES OF LOSS <table><tr><td><input type="checkbox"/> BASIC</td><td>BUILDING</td></tr><tr><td><input type="checkbox"/> BROAD</td><td>CONTENTS</td></tr><tr><td><input checked="" type="checkbox"/> SPECIAL</td><td></td></tr><tr><td><input type="checkbox"/> EARTHQUAKE</td><td></td></tr><tr><td><input checked="" type="checkbox"/> WIND</td><td></td></tr><tr><td><input type="checkbox"/> FLOOD</td><td></td></tr><tr><td><input checked="" type="checkbox"/> Repl Cost</td><td></td></tr></table>	<input type="checkbox"/> BASIC	BUILDING	<input type="checkbox"/> BROAD	CONTENTS	<input checked="" type="checkbox"/> SPECIAL		<input type="checkbox"/> EARTHQUAKE		<input checked="" type="checkbox"/> WIND		<input type="checkbox"/> FLOOD		<input checked="" type="checkbox"/> Repl Cost		AREOM-24-PH&LCOM-01	06/30/2024	06/30/2025	<input checked="" type="checkbox"/> BUILDING <input type="checkbox"/> PERSONAL PROPERTY <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> RENTAL VALUE <input type="checkbox"/> BLANKET BUILDING <input type="checkbox"/> BLANKET PERS PROP <input type="checkbox"/> BLANKET BLDG & PP <input checked="" type="checkbox"/> Deductible <input checked="" type="checkbox"/> Water Deduct	\$ 750,000,000 \$ \$ \$ \$ \$ \$ \$ \$ 100,000 \$ 50,000
<input type="checkbox"/> BASIC	BUILDING																			
<input type="checkbox"/> BROAD	CONTENTS																			
<input checked="" type="checkbox"/> SPECIAL																				
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	<input type="checkbox"/> INLAND MARINE CAUSES OF LOSS <table><tr><td><input type="checkbox"/> NAMED PERILS</td><td></td></tr></table>	<input type="checkbox"/> NAMED PERILS		TYPE OF POLICY POLICY NUMBER				\$ \$ \$ \$												
<input type="checkbox"/> NAMED PERILS																				
B	<input checked="" type="checkbox"/> CRIME TYPE OF POLICY Fidelity	4123010626895Y	09/27/2023	09/27/2024	<input checked="" type="checkbox"/> Limit	\$ 1,500,000 \$ \$														
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$ \$														
C	General Liability	NPP1623677	09/27/2023	09/27/2024	<input checked="" type="checkbox"/> 1,000,000 Occ	\$ 2,000,000 Agg														
D	Umbrella Liability	G74617098	08/22/2023	08/22/2024	<input checked="" type="checkbox"/> Limit	\$ 25,000,000														

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) *Replacement Cost* 76 Units: Units EXCLUDED. **Bare Walls** NOTICE TO UNIT OWNER: This policy does not include coverage for household contents, personal property of individual unit owner, individual unit owner's personal liability and Loss of Use. There is a 10 days' notice of cancellation for non-payment and a 30 days notice of cancellation for any other reason.
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CERTIFICATE HOLDER**CANCELLATION**

No Certificate Holder, CA 00000-0000 Loan Number: .	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
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ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Scott Litman Insurance Agency		PH&L Community Association c/o Seabreeze Management PO Box 4579 Dept 291 Houston, TX 77210-4579	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE	EFFECTIVE DATE: See Page 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 24 FORM TITLE: Certificate of Property Insurance

D&O CARRIER: Greenwich Insurance Company
D&O POLICY #: PDO7499123
D&O POLICY TERM: 09/27/2023 - 09/27/2024

Limit: \$1,000,000
Retention: \$2,500

WC CARRIER: PMA Group Insurance
WC POLICY # 2023010626895Y
WC POLICY TERM: 08/22/2023 - 08/22/2024

Limit: \$1,000,000

This policy does not include co-insurance

Building ordinance coverage (all 3 parts): INCLUDED

Severability clause/separation of insureds: INCLUDED

Mechanical Breakdown Coverage: INCLUDED

Fidelity bond/crime/employee dishonesty policy includes coverage for property management/managers