



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/28/2026

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 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).

| <b>PRODUCER</b><br>Kirk Miller Insurance Agency, Inc.<br>10636 Scripps Summit Ct, Ste 110<br>San Diego, CA 92131-3965<br>(858) 400-4504        | <b>CONTACT NAME:</b> HOA Team<br><b>PHONE (A/C, No, Ext):</b> 858.400.4504 <b>FAX (A/C, No):</b> 858.875.0667<br><b>E-MAIL ADDRESS:</b> HOAcerts@kirkmillerinsurance.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |        |                                                    |       |                                                    |       |                                              |       |                                                     |       |                                                      |       |                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------|----------------------------------------------------|-------|----------------------------------------------------|-------|----------------------------------------------|-------|-----------------------------------------------------|-------|------------------------------------------------------|-------|-------------------|--|
| <b>INSURED</b><br>La Vita Homeowners Association<br>c/o Associated Professional Services, Inc.<br>300 West Beech Street<br>San Diego, CA 92101 | <table border="1"> <thead> <tr> <th data-bbox="815 424 1429 451">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1429 424 1559 451">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="815 451 1429 478"><b>INSURER A:</b> Fireman's Fund Insurance Company</td> <td data-bbox="1429 451 1559 478">21873</td> </tr> <tr> <td data-bbox="815 478 1429 506"><b>INSURER B:</b> Philadelphia Indemnity Insurance</td> <td data-bbox="1429 478 1559 506">18058</td> </tr> <tr> <td data-bbox="815 506 1429 533"><b>INSURER C:</b> Homesite Insurance Company</td> <td data-bbox="1429 506 1559 533">17221</td> </tr> <tr> <td data-bbox="815 533 1429 560"><b>INSURER D:</b> The Hanover American Insurance Co</td> <td data-bbox="1429 533 1559 560">36064</td> </tr> <tr> <td data-bbox="815 560 1429 588"><b>INSURER E:</b> ACE Fire Underwriters Insurance Co</td> <td data-bbox="1429 560 1559 588">20702</td> </tr> <tr> <td data-bbox="815 588 1429 615"><b>INSURER F:</b></td> <td data-bbox="1429 588 1559 615"></td> </tr> </tbody> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | <b>INSURER A:</b> Fireman's Fund Insurance Company | 21873 | <b>INSURER B:</b> Philadelphia Indemnity Insurance | 18058 | <b>INSURER C:</b> Homesite Insurance Company | 17221 | <b>INSURER D:</b> The Hanover American Insurance Co | 36064 | <b>INSURER E:</b> ACE Fire Underwriters Insurance Co | 20702 | <b>INSURER F:</b> |  |
| INSURER(S) AFFORDING COVERAGE                                                                                                                  | NAIC #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |        |                                                    |       |                                                    |       |                                              |       |                                                     |       |                                                      |       |                   |  |
| <b>INSURER A:</b> Fireman's Fund Insurance Company                                                                                             | 21873                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |        |                                                    |       |                                                    |       |                                              |       |                                                     |       |                                                      |       |                   |  |
| <b>INSURER B:</b> Philadelphia Indemnity Insurance                                                                                             | 18058                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |        |                                                    |       |                                                    |       |                                              |       |                                                     |       |                                                      |       |                   |  |
| <b>INSURER C:</b> Homesite Insurance Company                                                                                                   | 17221                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |        |                                                    |       |                                                    |       |                                              |       |                                                     |       |                                                      |       |                   |  |
| <b>INSURER D:</b> The Hanover American Insurance Co                                                                                            | 36064                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |        |                                                    |       |                                                    |       |                                              |       |                                                     |       |                                                      |       |                   |  |
| <b>INSURER E:</b> ACE Fire Underwriters Insurance Co                                                                                           | 20702                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |        |                                                    |       |                                                    |       |                                              |       |                                                     |       |                                                      |       |                   |  |
| <b>INSURER F:</b>                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |        |                                                    |       |                                                    |       |                                              |       |                                                     |       |                                                      |       |                   |  |

## 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 INSR                                                              | SUBR WVD | POLICY NUMBER                       | POLICY EFF (MM/DD/YYYY)  | POLICY EXP (MM/DD/YYYY)  | LIMITS                                                                                                                                                                                                                                                                 |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------|-------------------------------------|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Directors & Officers<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                                                                        |          | USC033545260<br><br>PCAP049963-0325 | 9/1/2026<br><br>9/1/2026 | 9/1/2027<br><br>9/1/2027 | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>D&O Limit/Agg \$ 1,000,000 |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS                                                                                                                            |                                                                        |          | USC033545260                        | 9/1/2026                 | 9/1/2027                 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                                                        |
| C        | <input checked="" type="checkbox"/> UMBRELLA LIAB<br><input type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0                                                                                                                                                                                                                  | <input type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE |          | Pending                             | 9/1/2026                 | 9/1/2027                 | EACH OCCURRENCE \$ 25,000,000<br>AGGREGATE \$ 25,000,000<br>\$                                                                                                                                                                                                         |
| D        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                                                                                 | Y/N<br><input type="checkbox"/> N/A                                    |          | WZY-A828071-11                      | 9/1/2026                 | 9/1/2027                 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS<br><input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                                    |
| A        | Building - 100% Replacement                                                                                                                                                                                                                                                                                                                                                                   |                                                                        |          | USC033545260                        | 9/1/2026                 | 9/1/2027                 | \$ 143,771,884 GRC \$ 10,000 Ded*                                                                                                                                                                                                                                      |
| A        | Mech Breakdown & Ord A/B/C                                                                                                                                                                                                                                                                                                                                                                    |                                                                        |          | USC033545260                        | 9/1/2026                 | 9/1/2027                 | Included                                                                                                                                                                                                                                                               |
| E        | Fidelity / Crime                                                                                                                                                                                                                                                                                                                                                                              |                                                                        |          | ADOCFA186821262-002                 | 9/1/2026                 | 9/1/2027                 | \$ 7,000,000 \$ 10,000 Ded                                                                                                                                                                                                                                             |

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

General Certificate, 300 West Beech Street, San Diego, CA 92101

\*Water Damage Deductible: \$25,000

Blanket Flood Coverage: \$10,000,000 Limit & \$50,000 Deductible

Property Coverage is "Bare Walls" per CC&Rs and includes Guaranteed Replacement Cost. (304 Units)

## CERTIFICATE HOLDER

## CANCELLATION

Associated Professional Services, Inc.

300 West Beech Street  
San Diego, CA 92101

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

*[Signature]*

# MEMO

TO: Mortgage Processors and Unit Owners

FROM: Kirk Miller Insurance Agency, Inc.  
10636 Scripps Summit Ct #110 San  
Diego, CA 92131-3965  
[HOAcerts@kirkmillerinsurance.com](mailto:HOAcerts@kirkmillerinsurance.com)  
CA DOI #0K05931

## Master Insurance Policies include the following unless otherwise indicated on the Certificate of Insurance:

- 1) Building Ordinance or Law Coverage / Contingent Liability
- 2) Separation of Insureds (Severability of Interests)
- 3) Property Management is included as an insured on;
  - a) General Liability (CGL)
  - b) Directors & Officers (D&O)
  - c) Employee Dishonesty/Fidelity (Crime)
- 4) Property Coverage is Special Form/All-Risk and includes the following, unless otherwise indicated:
  - a) Common areas
  - b) 100% Replacement Cost - indicative of a current Building Reconstruction Cost valuation.
  - c) Wind/Hail - not subject to difference provisions.
- 5) Mechanical Breakdown (Boiler & Machinery) is included when indicated at the Building Limit.
- 6) Inflation Guard and Waiver of Subrogation included with Farmers/Truck Insurance Exchanges and Mid-Century.
- 7) Fidelity/Crime coverage is inclusive of Computer Fraud and Funds Transfer Fraud in compliance with §5806
- 8) Policy Cancellation Provisions:  
There is a 10-day notice of cancellation for non-payment of premiums, and a 30-day notice of cancellation for all other reasons to the Association Insurance Trustee.

## Other Information:

- "GRC" means Guaranteed Replacement Cost (coinsurance waived)
- "AAV" means Agreed Amount Value (coinsurance waived)
- "RCV" means Replacement Cost Value (coinsurance does not apply when insured at 100%)
- "ERC" means Extended Replacement Cost

## Unit Owners Coverage Information (Coverage Per Governing Documents)

- "AI" or "All-Inclusive" means walls-in coverage and *includes* betterments and improvements.
- "SE" or "Single-Entity" means walls-in coverage but *excludes* betterments and improvements.
- "BW" or "Bare-Walls" means unit interiors are excluded beyond unfinished surfaces.
- "PUD" or "Planned Unit Development" means common area coverage only.

Our Agency will provide an insurance quote upon request at no charge for HO6 or HO3 policies. The necessary amount of coverage would be determined as a result of collaboration between the insurance agency and the client. The amount of insurance coverage determined in this manner may or may not be based on a percentage of the dwelling's appraised value.

To obtain this complimentary price opinion and quote, please send your request with the following information by email to [support@kirkmillerinsurance.com](mailto:support@kirkmillerinsurance.com) with property appraisal including photos.