



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/3/2025

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 LaBarre/Oksnee Insurance 30 Enterprise, Suite 180 Aliso Viejo CA 92656	CONTACT NAME: PHONE (A/C, No, Ext): 800-698-0711	FAX (A/C, No): 949-588-1275
	E-MAIL ADDRESS: info@hoa-insurance.com	
INSURED Westlake Villas Community Association c/o FirstService Residential CA, LLC. 15241 Laguna Canyon Rd. Irvine CA 92618	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Greenwich Insurance Company	22322
	INSURER B: PMA Insurance Group	12262
	INSURER C: Accredited Surety And Casualty	26379
	INSURER D: Philadelphia Indemnity Ins. Co	18058
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 1422677831

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)	LIMITS		
D	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	TBD	10/1/2025	10/1/2026	EACH OCCURRENCE	\$ 1,000,000		
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000		
						MED EXP (Any one person)	\$ 5,000		
						PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE	\$ 2,000,000		
	OTHER:					PRODUCTS - COMP/OP AGG	\$ 2,000,000		
							\$		
D	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS X HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	TBD	10/1/2025	10/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
						BODILY INJURY (Per person)	\$		
						BODILY INJURY (Per accident)	\$		
						PROPERTY DAMAGE (Per accident)	\$		
							\$		
A	X UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		PPP7471425	10/1/2025	10/1/2026	EACH OCCURRENCE	\$ 15,000,000		
						AGGREGATE	\$ 15,000,000		
	DED <input checked="" type="checkbox"/> RETENTION \$ 0						\$		
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A	2025011516863Y	10/1/2025	10/1/2026	X PER STATUTE	OTHR-	
							E.L. EACH ACCIDENT		\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT		\$ 1,000,000
D B C	Property Crime/Fidelity Bond Directors & Officers	Y	Y	TBD 4125011516863Y 1SKNCA01462799-01	10/1/2025 10/1/2025 2/26/2025	10/1/2026 10/1/2026 2/26/2026	\$25,000 \$1,000 Deductible \$1,000 Deductible		\$163,415,030 \$3,000,000 \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
HOA consists of 285. Located in Sacramento, CA 95835.

Management Company is Additionally Insured on the General Liability, D&O Liability, and Fidelity Bond.

See 2nd page of certificate of insurance for further coverage information.

See Attached...

CERTIFICATE HOLDER	CANCELLATION
FirstService Residential CA, LLC. 15241 Laguna Canyon Rd. Irvine CA 92618	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

AGENCY LaBarre/Oksnee Insurance	NAMED INSURED Westlake Villas Community Association c/o FirstService Residential CA, LLC. 15241 Laguna Canyon Rd. Irvine CA 92618
POLICY NUMBER	
CARRIER	NAIC CODE EFFECTIVE DATE:

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

Coverage is provided with the following insuring agreement: All In (Walls In, Including Improvements)

- Coverage Includes:
 - Special Form with 125% Replacement Cost for the entire project, including common elements
 - Extended Replacement Cost
 - Wind/Hail (excludes direct loss to Trees/Shrubs)
 - Equipment Breakdown
 - Building Ordinance or Law A: up to building limit
 - Building Ordinance or Law B+C: \$1,000,000
 - Severability of Interest / Separation of Insureds
 - Waiver of Rights of Recovery
 - Computer Fraud & Transfer Fraud
 - No Co-Insurance
 - D&O is a claims-made policy