MISSHOM-01

OLUCIO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/28/2025

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.

PR∩	DUCE	R License # 01	/110 ₄	410				CONTACT NAME:	` '					
Armstrong/Robitaille/Riegle Business and Insurance Solutions 18575 Jamboree Rd. Ste 500							ce Solutions	PHONE (A/C, No, Ext): (949) 381-7700 FAX (A/C, No):				(949) 861-9429		
Irvine, CA 92612-2545								E-MAIL ADDRESS: arrinfo@aleragroup.com						
								INSURER(S) AFFORDING COVERAGE						NAIC #
								INSURER A	a : DB Insu	ırance Co.	Ltd			12502
INSU	JRED							INSURER E	B : Pennsy	Ivania Manu	ıfacturers Ins.	Indemni	ty Co.	12262
Mission Homes of Montclair c/o TESS Property Management 160 W. Foothill Pkwy Suite 105-34								INSURER C : Philadelphia Indemnity Ins Co						18058
								INSURER D :						
		Corona, (C 105-	,-		INSURER E :						
								INSURER F	F:					
СО	VER	AGES		CI	RTIF	CAT	E NUMBER:	•			REVISION NU	MBER:		
IN C E	IDICA ERTI XCLU	ATED. NOTWIT FICATE MAY B	HST E IS	ANDING ANY	REQU AY PEF CH POL	IREM RTAIN ICIES	SURANCE LISTED BELOW I ENT, TERM OR CONDITIOI , THE INSURANCE AFFORI . LIMITS SHOWN MAY HAVE	N OF ANY DED BY T BEEN REI	Y CONTRACTHE POLICED BY	CT OR OTHER IES DESCRIE PAID CLAIMS	R DOCUMENT WI BED HEREIN IS S	TH RESPE	CT TO	WHICH THIS
INSR LTR	_	TYPE OF I	NSUR	RANCE	ADD INSI	SUBF WVD	POLICY NUMBER	P (M	POLICY EFF IM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X	COMMERCIAL GE	NER	AL LIABILITY							EACH OCCURREN		\$	2,000,000
		CLAIMS-MAD	E [X OCCUR			CBP202012305		8/22/2025	8/22/2026	DAMAGE TO RENT PREMISES (Ea occ	rED currence)	\$	300,000
					_						MED EXP (Any one	person)	\$	5,000
					_						PERSONAL & ADV	INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:										GENERAL AGGRE	GATE	\$	4,000,000
		POLICY PRO- JECT LOC									PRODUCTS - COM	IP/OP AGG	\$	4,000,000
		OTHER:											\$	
Α	A AUTOMOBILE LIABILITY									COMBINED SINGL (Ea accident)	E LIMI I	\$	1,000,000	
		ANY AUTO					CBP202012305	8/22/2025	8/22/2026	BODILY INJURY (F	er person)	\$		
		OWNED AUTOS ONLY		SCHEDULED AUTOS							BODILY INJURY (F		\$	
	X	HIRED AUTOS ONLY	X	NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$	
													\$	
		UMBRELLA LIAB		OCCUR							EACH OCCURREN	ICE	\$	
	EXCESS LIAB CLAIMS-MADE		DE						AGGREGATE		\$			
		DED RETE		<u> </u>							1 250	0.711	\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY									0/00/0000	PER STATUTE	OTH- ER		4
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				N N / A		2025010649384Y	8	8/22/2025	8/22/2026	E.L. EACH ACCIDE	NT	\$	1,000,000
	(Mar	(Mandatory in NH)									E.L. DISEASE - EA	EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below										E.L. DISEASE - PO		\$	1,000,000
_	C Directors & Officers					PCAP0357490122	-	3/22/2025		\$1,000 Deduc			1,000,000	
В	Crin	ne					4125010649384Y	8	3/22/2025	8/22/2026	\$1,000 Deduc	tible		250,000
Buil B, C Prop	ding), Eq perty	Limit \$19,800,0 uipment Break Management C	00 s dow om	subject to \$5,0 n, 2% Inflatio pany is includ	000 De n Guar led as	ductik d, No an Ac	D 101, Additional Remarks Schedu ost - 57 Units - DB Insuranc ole. "Walls In". Coverage ir Coinsurance, Common Ard Iditional insured as respect anager is a covered event.	ncludes Se ea Elemen	everability nts are incl	of interest, C uded and Ag	Code Upgrade/B reed Amount ap	uilding Or plies.	dinand	e and Law (A,

CERTIFICATE HOLDER	CANCELLATION					
EVIDENCE OF COVERAGE	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					

OLUCIO



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/28/2025

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).

this certificate does not come rights to the certificate holder in fled of such endorsement(s).							
PRODUCER License # 0M10410	CONTACT NAME:						
Armstrong/Robitaille/Riegle Business and Insurance Solutions 18575 Jamboree Rd, Ste 500	PHONE (A/C, No, Ext): (949) 381-7700 FAX (A/C, No): (949) 8	361-9429					
Irvine, CA 92612-2545	E-MAIL ADDRESS: arrinfo@aleragroup.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: DB Insurance Co. Ltd	12502					
INSURED	INSURER B : Pennsylvania Manufacturers Ins. Indemnity Co. 12						
Mission Homes of Montclair	INSURER C: Philadelphia Indemnity Ins Co	18058					
c/o TESS Property Management 160 W. Foothill Pkwy Suite 105-34	INSURER D:						
Corona, CA 92882	INSURER E:						
	INSURER F:						
COVERACES CERTIFICATE NUMBER.	DEVICION NUMBED.						

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.

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY					,,	EACH OCCURRENCE	\$	2,000,000
		CLAIMS-MADE X OCCUR			CBP202012305	8/22/2025	8/22/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	4,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	4,000,000
		OTHER:							\$	
Α								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO		CBP202012305 8/22/2025 8/2		8/22/2026	BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident)	\$	
								PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MAD							AGGREGATE	\$	
		DED RETENTION \$							\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY	PROPRIENDE PARTNER/EXECUTIVE	N/A	2025010649384Y	2025010649384Y	8/22/2025	8/22/2026	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?		`				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	C Directors & Officers				PCAP0357490122	8/22/2025	8/22/2026	\$1,000 Deductible		1,000,000
В	Cri	me			4125010649384Y	8/22/2025	8/22/2026	\$1,000 Deductible		250,000
					I.					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
A: Blanket Building / Special Form / Replacement Cost - 57 Units - DB Insurance Policy #CBP202012303 - Policy Period 8/22/2025 to 8/22/2026 - Blanket
Building Limit \$19,800,000 subject to \$5,000 Deductible. "Walls In". Coverage includes Severability of interest, Code Upgrade/Building Ordinance and Law (A, B, C), Equipment Breakdown, 2% Inflation Guard, No Coinsurance, Common Area Elements are included and Agreed Amount applies.
Property Management Company is included as an Additional insured as respects to the General Liability and Directors and Officers policies. Theft or embezzlement of Association funds by a Property Manager is a covered event.

CERTIFICATE HOLDER	CANCELLATION						
TESS Property Management 160 W. Foothill Pkwy Ste 105-34 Corona, CA 92882	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
GOTOTIA, GA 32002	Authorized representative						