



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/1/2026

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 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).

<b>PRODUCER</b> LaBarre/Oksnee Insurance 30 Enterprise, Suite 180 Aliso Viejo CA 92656	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): 800-698-0711		FAX (A/C. No): 949-588-1275
	<b>E-MAIL ADDRESS:</b> proof@hoa-insurance.com		
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURED</b> La Mirage at Aliso Viejo HOA c/o Total Property Management, Inc. 2 South Pointe Drive, Suite 250 Lake Forest CA 92630	LAMIRAG-01		<b>INSURER A :</b> PMA Insurance Group 12262
			<b>INSURER B :</b> Atain Specialty Ins Co 17159
			<b>INSURER C :</b> Federal Insurance 20281
			<b>INSURER D :</b> Lloyds of London 85202
			<b>INSURER E :</b> Accredited Surety And Casualty 26379
			<b>INSURER F :</b>

**COVERAGES**

CERTIFICATE NUMBER: 2119793912

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
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		TBD	4/2/2026	4/2/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included GL Deductible \$ 500
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			TBD	4/2/2026	4/2/2027	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	2026010579060Y	4/2/2026	4/2/2027	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D A E	Property Crime/ Fidelity Bond Directors & Officers	Y Y		TBD 4126010579060Y TBD	4/2/2026 4/2/2026 4/2/2026	5/27/2026 4/2/2027 4/2/2027	*See Deductible Below \$10,000 DEDUCTIBLE \$47,380,000 \$1,000 DEDUCTIBLE \$2,000,000 \$1,000 DEDUCTIBLE \$1,000,000

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

HOA consists of 120 units. Located in Aliso Viejo CA. Management Company is Additionally Insured on the General Liability and Fidelity Bond.

\*Property Deductible: \$100,000 for Covered Perils, Except Wildfire. See Page 2 for Wildfire Deductible/Parametric Information.

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

See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

Total Property Management, Inc.  
 2 South Pointe Drive, Suite 250  
 Lake Forest CA 92630  
 USA

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 La Mirage at Aliso Viejo HOA c/o Total Property Management, Inc. 2 South Pointe Drive, Suite 250 Lake Forest CA 92630	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE	(Empty)	

**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:  
 Single Entity Coverage (Walls In, excluding Improvements and Betterments)

\*Wildfire Deductible: \$1,000,000 (see parametric coverage below)  
 \*Wildfire Parametric Coverage: \$1,000,000. Policy Term: 4/02/2026 - 5/27/2027. Included to provide primary wildfire coverage under the property program \$1,000,000 deductible; Parametric wildfire insurance pays the full fixed amount of coverage once a wildfire occurs within the Association's property perimeter (\$10K minimum damage). Payout for policy limits following a covered event, regardless of the actual damage amounts.

Coverage Includes:  
 Special Form with 100% Replacement Cost for the entire project, including common elements  
 Wind/Hail (excludes direct loss to Trees/Shrubs)  
 Equipment Breakdown  
 Building Ordinance or Law A+B+C  
 Inflation Guard  
 Severability of Interest / Separation of Insureds  
 Waiver of Rights of Recovery  
 Computer Fraud & Funds Transfer Fraud for \$1,000,000  
 No Co-Insurance

Earthquake Coverage:  
 Earthquake Carrier: Insurance Company of the West and Underwriters at Lloyds, London  
 Earthquake Policy Number: XHO800343809 / TRV702538802  
 Policy Term: 4/02/2026 - 4/02/2027  
 Limit: \$10,000,000  
 Deductible: 20%

Excess Crime/Fidelity Bond:  
 Excess Fidelity Bond Carrier: StarNet Insurance Company  
 Excess Fidelity Bond Policy Number: QDR0002082-01