

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 01/09/2025

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.

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PRODUCER	CONTACT NAME:						
Socher Insurance Agency, Inc. 7901 Stoneridge Drive, Suite 403	PHONE (A/C, No, Ext): (877) 317-9300	FAX, No): (877) 3	X _{C, No):} (877) 317-9305				
7901 Stoneridge Drive, Suite 403 Pleasanton, CA 94588	E-MAIL ADDRESS: info@hoainsurance.net						
	PRODUCER CUSTOMER ID: GOLFLIN-01						
	INSURER(S) AFFORDING COVERAGE		NAIC#				
INSURED	INSURER A: (SURPLUS) Accelerant Specialty Insurance Company						
Golf Links East HOA	INSURER B : Continental Casualty Company						
c/o Bidegain Realty, Inc	INSURER C:						
8755 E. Broadway Blvd Tucson, AZ 85710	INSURER D:	INSURER D:					
Tucson; M2 037 TV	INSURER E :						
	INSURER F :						

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Please see certificate of liability, acord 25, for remaining coverage. Equipment breakdown coverage included. Crime/Employee Dishonesty/Fidelity Bond includes property manager as an employee.

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	
Α	X	PROPERTY					X	BUILDING	\$	7,100,000
	CAUSES OF LOSS DEDUCTIBLES			S0001PK000815-00	10/01/2024	10/01/2025	Х	PERSONAL PROPERTY	\$	25,000
		BASIC	BUILDING 25,000					BUSINESS INCOME	\$	
		BROAD	CONTENTS					EXTRA EXPENSE	\$	
	X	SPECIAL	0011.1111					RENTAL VALUE	\$	
		EARTHQUAKE						BLANKET BUILDING	\$	
į		WIND						BLANKET PERS PROP	\$	
		FLOOD						BLANKET BLDG & PP	\$	
	X	water ded/unit	25,000				Χ	ord cov B/bldg:	\$	300,000
	X	ord cov A: inc					X	ord cov C/bldg:	\$	300,000
		INLAND MARINE		TYPE OF POLICY					\$	
	CAUSES OF LOSS								\$	
		NAMED PERILS		POLICY NUMBER					\$	
									\$	
В	X	CRIME					X	deductible: \$250	\$	50,000
	TYPE OF POLICY								\$	
	Fidelity Bond			618818574	10/01/2024	10/01/2025			\$	
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN								\$	
		ewen upon pick	-UIPPANIA						\$	
									\$	
									\$	

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Special form (wind included), 100% replacement cost basis with no co-insurance. No inflation guard included. 48 units. Policy is walls in excluding betterments & improvements. Severability of interest included on package policy. Common elements included on policy.

CERTIFICATE HOLDER	CANCELLATION					
for informational purposes	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					
	Churt James					

ACORD 24 (2016/03)

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CJIMINEZ



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/9/2025

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.

	DUCER		_				CONTA NAME:	CT					
Soc	her Insurance A 1 Stoneridge Dri	gency	y, Inc. uito 403				PHONE (A/C, No	, _{Ext):} (877) ;	317-9300	FAX (A/C	, No): (87	7) 3 ⁻	17-9305
Pie	asanton, CA 945	38	uite 400				EMAIL	_{ss:} info@ho	ainsurance	e.net			
										RDING COVERAGE			NAIC#
							INSURE	RA: (SURPLU	JS) Accelerar	nt Specialty Insuranc	e Compa	any	
INSU	URED						INSURE	кв:Federa	l Insurance	Company			
Golf Links East HOA c/o Bidegain Realty, Inc						INSURER C: PMA Insurance Group							
			adway Blvd				INSURER D : Continental Casualty Company						
Tucson, AZ 85710							INSURER E :						
			ettomore et anno esta por esta		***************		INSURE	RF:					
	VERAGES					E NUMBER:	- the transfer of the transfer	***************************************	······································	REVISION NUMBE			
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						LIMITS SHOWN MAY HAVE	BEEN F						
NSR LTR			RANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		1,000,000
Α	X COMMERCIAL	ī				mana di Manand E an		40/4/0004	40440005	DAMAGE TO RENTED	\$		100,000
	CLAIMS-N	IADE	X OCCUR			S0001PK000815-00		10/1/2024	10/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence	1		5,000
			,							MED EXP (Any one perso			1,000,000
	25) 1 2 2 2 2 2 2 2 2									PERSONAL & ADV INJUI			2,000,000
	GEN'L AGGREGATE	LIMIT . PROT	APPLIES PER:							GENERAL AGGREGATE	\$		2,000,000
		JECT								PRODUCTS - COMP/OP	AGG \$		15,000
A	OTHER:	AUTOMOBILE LIABILITY						10/1/2024	10/1/2025	COMBINED SINGLE LIMI (Ea accident)	T s		1,000,000
	ANY AUTO					S0001PK000815-00				BODILY INJURY (Per per			
	OWNED AUTOS ONLY		SCHEDULED AUTOS			0000111100001000		10/1/2024	101172020	BODILY INJURY (Per acc			
	X HIRED AUTOS ONLY	Х	NON-OWNED AUTOS ONLY		1					PROPERTY DAMAGE (Per accident)	dent) \$		
	AOTOS CIVET		AUTOS UNLT							(i or necidenty	\$		
В	X UMBRELLA LI	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE				G74811747		10/1/2024	10/1/2025	EACH OCCURRENCE	\$		1,000,000
	EXCESS LIAB									AGGREGATE	\$		1,000,000
	DED X R	TENTI	ON\$)							\$		
С	WORKERS COMPEN	/ORKERS COMPENSATION ND EMPLOYERS' LIABILITY NY PROPRIETORIPARTNER/EXECUTIVE FFICER/MEMBER EXCLUDED? Mandatory in NH)				202401-12-76-45-0Y				PER CONTROL E	TH- R		
	ANY PROPRIETOR/P							10/1/2024	10/1/2025	E.L. EACH ACCIDENT	\$		1,000,000
	(Mandatory in NH)									E.L. DISEASE - EA EMPL	OYEE \$		1,000,000
- Fin	if yes, describe under DESCRIPTION OF O	PERATI	IONS below					40//10004	10111900	E.L. DISEASE - POLICY			1,000,000
D	Directors & Offi	cers				618818574		10/1/2024	10/1/2025	deductible: \$1,000			1,000,000
DES Plea	CRIPTION OF OPERA' 16e 6ee certificate	'ions / of pro	LOCATIONS / VEHIC operty, acord 24	LES (ACORE Juildi) 101, Additional Remarks Schedu ng values.	ile, may b	e attached if moi	re space is requi	red)			
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CEI	RTIFICATE HOL	DEB					CANC	ELLATION					
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							1			ESCRIBED POLICIES			
	for info	purp	oses only							IEREOF, NOTICE W CY PROVISIONS.	ILL BE	DEL	IVERED IN
								13E6 5E55E6E					