

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
07/09/2009

PRODUCER
Berg Insurance Agency, Inc
23651 Birtcher Dr

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

Lake Forest, CA 92630
(949) 830-4590

INSURERS AFFORDING COVERAGE

INSURED
LE PARC HOMEOWNERS ASSOCIATION
C/O RIGHT-WAY PROPERTY MANAGEMENT, LLC.
P.O. BOX 80610
RANCHO SANTA MARGARITA, CA 92688-0610

- (A) MID CENTURY INSURANCE CO
- (B) TRUCK INSURANCE EXCHANGE
- (C) TRUCK INSURANCE EXCHANGE
- (D) SCOTTSDALE/HOUSTON CASUALTY

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS LTR	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC	603948493	07/06/2009	07/06/2010	EACH OCCURRENCE	\$1,000,000
					FIRE DAMAGE (Any one fire)	\$75,000
					MED EXP (Any one person)	\$5,000
					PERSONAL & ADV INJURY	\$1,000,000
					GENERAL AGGREGATE	\$2,000,000
					PRODUCTS - COMP/O P AGG	\$1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	603948493	07/06/2009	07/06/2010	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
					BODILY INJURY (Per person)	
					BODILY INJURY (Per accident)	
					PROPERTY DAMAGE (Per accident)	
					AUTO ONLY - EA ACCIDENT	
	OTHER THAN AUTO ONLY	EA ACC AGG				
B	UMBRELLA <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION	603948494	07/06/2009	07/06/2010	EACH OCCURRENCE	\$2,000,000
					AGGREGATE	\$2,000,000
C	WORKERS COMPENSATION & EMPLOYER'S LIABILITY	A09295325	07/06/2009	07/06/2010	<input checked="" type="checkbox"/> WC LIMITS <input type="checkbox"/> OTHER	
					EL EACH ACCIDENT	\$1,000,000
					EL DISEASE - EACH EMPLOYEE	\$1,000,000
					EL DISEASE - POLICY LIMIT	\$1,000,000
A	OTHER Building	603948493	07/06/2009	07/06/2010	\$31,624,030	\$10,000 Ded
A	Directors/Officers	603948493	07/06/2009	07/06/2010	\$1,000,000	\$1,000 Ded
D	Earthquake	CIS0067236	07/06/2009	07/06/2010	\$10,000,000	20% Ded
A	Fidelity	603948493	07/06/2009	07/06/2010	\$1,000,000	\$100 Ded

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Policy Includes 125% Extended Replacement Cost; Special Form; E3418 2nd Edition is Included on Policy

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE