

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/21/2022

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					CONTACT Natalie O'Kane						
O'Kane and Tegay Ir	surance Brokers				NAME: FAX (415) 661 2540						
P.O. Box 27556					(A/C, No, Ext): (413) 661-2340 E-MAIL ADDRESS: nswift@okaneins.com						
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#	
San Francisco				CA 94127	INSURE		18058				
INSURED					INSURER B:						
Glen	shire Devonshire Residen	s Asso	ciatio	n	INSURE	RC:					
1572	6 Glenshire Drive				INSURER D :						
					INSURER E :						
Truc	ee			CA 96161-1303	INSURER F:						
COVERAGES				NUMBER: 22-23 Acord 2				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. INST! ADDLISUBR! POLICY EFF POLICY EXP											
	OF INSURANCE L GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT			
								EACH OCCURRENCE DAMAGE TO RENTED	\$		
CLAIMS	-MADEOCCUR							PREMISES (Ea occurrence)	\$		
<u> </u>								MED EXP (Any one person)	\$		
<u> </u>								PERSONAL & ADV INJURY	\$		
GEN'L AGGREGA	E LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
POLICY	JECT LOC							PRODUCTS - COMP/OP AGG	\$		
OTHER:	DU 1774	-						COMBINED SINGLE LIMIT	\$		
AUTOMOBILE LIA	BILITY							(Ea accident)	\$		
ANY AUTO OWNED	SCHEDULED							BODILY INJURY (Per person)	\$		
AUTOS ONL' HIRED								BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
AUTOS ONL'								(Per accident)	\$		
									\$		
UMBRELLA	L OCCOR							EACH OCCURRENCE	\$		
EXCESS LIA	CLAIMS-MADE							AGGREGATE	\$		
DED RETENTION \$ WORKERS COMPENSATION		-						PER OTH-	\$		
AND EMPLOYERS' LIABILITY Y / N								STATUTE ER			
OFFICER/MEMBER	PARTNER/EXECUTIVE EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
(Mandatory in NH) If yes, describe under								E.L. DISEASE - EA EMPLOYEE	\$		
DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT EACH CLAIM	\$	200.000	
	OFFICERS LIAB. & PRACTICES LIAB.			PCAP021001-0419		04/14/2022	04/14/2023	AGGREGATE	\$2,000,000 \$2,000,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
CERTIFICATE HOLDER CANCELLATION											
Glenshire Devonshire Resident Association 15726 Glenshire Drive						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
1072	51110				AUTHO	RIZED REPRESEN	TATIVE				
Truckee				CA 96161							



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	SUBROGATION IS WAIVED, subject to his certificate does not confer rights to						may require	an endorsement. A state	ment c	on	
this certificate does not confer rights to the certificate holder in lieu of sucl						CONTACT Notatio Ciliano					
O'Kane and Tegay Insurance Brokers						NAME:					
P.O. Box 27556						(A/C, NO, EXI).					
F.O.	. BOX 27330				ADDRESS.						
San	n Francisco			CA 94127	INSURER(S) AFFORDING COVERAGE INSURER A: National Union Fire Insurance Company of Pittsburgh PA					19445	
INSU	JRED				INSURER B:						
	Glenshire Devonshire Residents	Asso	ciatio	n l	INSURER C :						
15726 Glenshire Drive						INSURER D :					
					INSURER E :						
Truckee CA 96161-1303					INSURER F:						
CO	VERAGES CER	TIFIC	ATE I	NUMBER: 22-23 Acord 2	5			REVISION NUMBER:			
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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY	III				((EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								,	\$		
	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$ 5,000	0,000	
Α	EXCESS LIAB CLAIMS-MADE			EBU011957090		04/14/2022	04/14/2023	AGGREGATE	\$ 5,000	0,000	
	DED RETENTION \$ 0								\$		
WORKERS COMPENSATION							PER OTH- STATUTE ER				
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	1						E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)] N/A						E.L. DISEASE - EA EMPLOYEE			
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$		
	Decention of Environmental solution							E.E. BIOLINE GETO ETIMIT	<u> </u>		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)				
CERTIFICATE HOLDER CANCELLATION											
Glenshire Devonshire Residents Association 15726 Glenshire Drive						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					
Truckee CA 96161					A William						