

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/26/2023

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, cer	tain policies may require an endorsement. A staten	nent on this certificate does not confer rights to the certificate holder in lieu of such (	endorsement(s).						
PRODUCER		CONTACT NAME:							
Richard Votaw(95493)	22)	PHONE FAX							
475 N Lake Blvd #211		(A/c, NO, EXT): 530-583-0294 (A/c, NO): 53	30-302-3394						
Tahoe City	CA 96145	E-MAIL ADDRESS: rvotaw@farmersagent.com							
Tanos on,	3,7, 33,113	INSURER(S) AFFORDING COVERAGE	NAIC#						
INSURED		INSURER A: Truck Insurance Exchange	21709						
		INSURER B: Farmers Insurance Exchange	21652						
GLENSHIRE DEVONS	AND	INSURER C: Mid Century Insurance Company	21687						
15726 GLENSHIRE D	K	INSURER D:							
TRUCKEE	CA 96161	INSURER E:							
TRUCKEE	OA 90101	INSURER F:							

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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		TYPEOFIN	SURAI	NCE	ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
	X	COMMERCIAL GEN	VERAL	LIABILITY						EACH OCCURRENCE	\$	2,000,000						
		CLAIMS-MAD	E .	X occur						DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$	75,000						
С										MED EXP (Any one person)	\$	5,000						
С					N	N	606228265	04/14/2023	04/14/2024	PERSONAL & ADV INJURY	\$	2,000,000						
	GE	N'L AGGREGATE LIM	IIT APP	PLIES PER:		70 10	No Action to St. 1994 Statement in colony 101	St. A Comment 1 St.	Section to contain the section of th	GENERAL AGGREGATE	\$	4,000,000						
	X	POLICY PRO	JECT	LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000						
		OTHER:									\$							
	AUTOMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	\$	2,000,000						
		ANY AUTO							5	BODILY INJURY (Per person)	\$							
С		OWNED AUTOS ONLY		SCHEDULED AUTOS		N	606228265	04/14/2023	04/14/2024	BODILY INJURY (Per accident)	\$							
	×	HIRED AUTOS ONLY	×	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$							
									\$									
		UMBRELLA LÍAB		OCCUR						EACH OCCURRENCE	\$							
		EXCESS LIAB		CLAIMS-MADE						AGGREGATE	\$							
		DED RET	TENTIC	ON\$							\$							
	13/528	DRKERS COMPENSA DEMPLOYERS ' LIAE						÷		PER STATUTE OTHER	\$							
	ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A				2	E.L. EACH ACCIDENT	\$								
			COTTAL OT LICERA INITIATION			TVICIVIDEIX			SOTT VE OT FIGURY WILLIAMSER							E.L. DISEASE - EA EMPLOYEE	\$	
						5 0	3	E.L. DISEASE - POLICY LIMIT	\$									
DESCR 15726	IPTI GL	ON OF OPERATIONS ENSHIRE DR, T	/Loc/ RUC	ATIONS/VEHICLE KEE, CA 9616	S (ACORD	101, Add	itional Remarks Schedule, may be a	nttached if more spa	ce is required)		1							

CERTIFICATE HOLDER CANCELLATION

NMIS, INC A CALIFORNIA CORP ISAOA 3700 WILSHIRE BLVD STE 330 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

LOS ANGELES CA 90010

AUTHORIZED REPRESENTATIVE



## CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 10/26/2023

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),

PRODUCER	THE CERTIFICATE HOLDER.	CONTACT							
Richard Votaw(9549322)		NAME:							
475 N Lake Blvd #211		PHONE (A/C, NO, EXT): 530-583-0294							
Tahoe City	CA 96145	E-MAIL CA 96145 ADDRESS: rvotaw@farmersagent.com							
		PRODUCER CUSTOMER ID:							
		INSURER(S) AFFORDIN	G COVERAGE	NAIC#					
INSURED		INSURERA: Truck Insurance Exchai	nge	21709					
GLENSHIRE DEVONSHIRE RESIDENT		INSURER B: Farmers Insurance Exc	hange	21652					
15726 GLENSHIRE DR		INSURER C: Mid Century Insurance Company 21687							
		INSURER D:	000 as						
TRUCKEE	CA 96161	INSURER E:							
		INSURER F:							
		\$6 #0600XX	0 PANAMENTO CONTROL STORY STORY	- 12					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

LOCATION OF PREMISES/DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required) 15726 GLENSHIRE DR, TRUCKEE, CA, 96161

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				POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY	LIMITS
	CAL	PROPERTY USES OF LOSS	DEDUCTIBLES				X	BUILDING PERSONAL PROPERTY	\$3,564,300 \$153,500
		BASIC	BUILDING					BUSINESS INCOME	\$
		BROAD	5,000					EXTRA EXPENSE	\$
С	X	SPECIAL	CONTENTS 5,000	606228265	04/14/2023	04/14/2024		RENTAL VALUE	\$
C		EARTHQUAKE				un v uurenen		BLANKET BUILDING	\$
		WIND						BLANKET PERS PROP	\$
		FLOOD						BLANKET BLDG & PP	\$
								8	\$
									\$
		CAUSES OF LOSS  NAMED PERILS		TYPE OF POLICY					\$
	CAL								\$
				POLICY NUMBER					\$
									\$
		CRIME					5	,	\$
	TYF	PE OF POLICY							\$
									\$
	BOILER & MACHINERY/ EQUIPMENT BREAKDOWN								\$
									\$
									\$
									\$

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

CERTIFICATE HOLDER		CANCELLATION
NMIS, INC A CALIFORNIA CO	RP ISAOA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION
3700 WILSHIRE BLVD STE 33	0	DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
		AUTHORIZED REPRESENTATIVE
LOS ANGELES	CA 90010	



## CERTIFICATE OF LIABILITY INSURANCE

**DATE (MM/DD/YYYY)** 04/11/2023

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

	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to						may require	an endorsement. A state	ement	on	
PROD	UCER				CONTACT NAME: Joanna Wong						
O'Ka	ine and Tegay Insurance Brokers				PHONE (A/C, No, Ext): (415) 242-8777 (A/C, No, Ext): (415) 661-2540						
P.O.	Box 27556				E-MAIL jwong@okaneinsurance.com						
San	Francisco			CA 94127	INSURER(S) AFFORDING COVERAGE N. INSURER A . National Union Fire Ins Co of Pittsburgh PA 19						
INSU				CA 94121	INSURE	Dhiladala		Insurance Company		19445 18058	
INSU	Glenshire Devonshire Residents	: Assc	ociatio	  n	INSURE		ina muemmiy	msurance Company		18038	
	15726 Glenshire Drive	371000	, oracio	''	INSURER C:						
					INSURER D : INSURER E :						
	Truckee			CA 96161-1303	INSURE						
COV	ERAGES CER	TIFIC	ATE	NUMBER: 23-24 Acord 2	5			REVISION NUMBER:			
INI CE EX	IS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUI RTIFICATE MAY BE ISSUED OR MAY PERT. CLUSIONS AND CONDITIONS OF SUCH PO	REME AIN, TI OLICIE	NT, TE	ERM OR CONDITION OF ANY ( SURANCE AFFORDED BY THE IITS SHOWN MAY HAVE BEEN	CONTRA E POLICI	ACT OR OTHER IES DESCRIBEI	R DOCUMENT \ D HEREIN IS S .AIMS.	WITH RESPECT TO WHICH T	HIS		
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$		
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$ \$		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONET							(i ci docident)	\$		
	➤ UMBRELLA LIAB ➤ OCCUR							EACH OCCURRENCE	\$ 5,00	00,000	
Α	EXCESS LIAB CLAIMS-MADE			EBU014121545		04/14/2023	04/14/2024	AGGREGATE	\$ 5,00	00,000	
	DED RETENTION \$ 0								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								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	\$	200 000	
В	DIRECTORS & OFFICERS LIABILITY& EMPLOYEMENT PRACTICES LIAB.			PCAP021001-0519		04/14/2023	04/14/2024	AGGREGATE	. ,	000,000	
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
CER	TIFICATE HOLDER				CANC	ELLATION					
	Glenshire Devonshire Resident 15726 Glenshire Drive	s Asso	ociatio	n	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
					AUTHO	RIZED REPRESEN	NTATIVE				
	Truckee			CA 96161	Thereo Robert						

OP ID: KI



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/16/2023

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.

		BROGATION IS WAIVED, subject ertificate does not confer rights t							require an endorsemen	t. As	statement on		
PRO RPS	DUCE B Bo	ER Ilinger Sports & Leisure	2 4110	23.6		CONTACT NAME: PHONE FAX							
		13Ž2 own, NJ 07960				(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:							
Wil	Kro	ouslis											
						INCLID			NAIC #				
INS	JRED					INSURER A: *Markel Insurance Company  INSURER B:							
Glen <u>1</u> 572	shire I 6 Gle <u>r</u>	Devonshire Residents Association nshire Drive A 96161				INSURI							
Truc	kee, C	A 96161				INSURER D :							
						INSURER E :							
						INSURI							
СС	VER	RAGES CER	TIFI	CATE	NUMBER:				REVISION NUMBER:				
I O E	NDIC/ ERTI XCLU	IS TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RI IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME TAIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	ст то	WHICH THIS		
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
Α	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000		
		CLAIMS-MADE OCCUR			3602AH012421-2		06/15/2023	06/15/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000		
	X	Incl Particpants							MED EXP (Any one person)	\$	5,000		
									PERSONAL & ADV INJURY	\$	1,000,000		
		N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000 1,000,000		
	X	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	1,000,000		
		OTHER:							COMBINED SINGLE LIMIT	\$			
	AU	TOMOBILE LIABILITY							(Ea accident)	\$			
		ANY AUTO OWNED SCHEDULED AUTOS							BODILY INJURY (Per person)	\$			
		HIRED AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$			
		AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
		DED RETENTION \$							- NOONES/ITE	\$			
	WOF	RKERS COMPENSATION DEMPLOYERS' LIABILITY							PER OTH- STATUTE ER				
			N/A						E.L. EACH ACCIDENT	\$			
		PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	\$			
	DÉS	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
Α		cident Insurance			4102AH012420-2		06/15/2023	06/15/2024			25,000		
	Ful	I Excess							Ded		250		
		TION OF OPERATIONS / LOCATIONS / VEHIC						re space is requi	red)				
act	/era ivitie	ge is provided under these po es of the named insured for w	hich	es or a pi	ny tor sponsored/supo remium has been paid	ervise	a						
		re: swim lessons		•	<b>-</b>								
133	ueu	re. swill lessons											
	DTIE	EICATE HOLDER				CAN	CELLATION						
CE	KIII	FICATE HOLDER			PROOF99	CAN	CELLATION						
					1 1100100	SHO	OULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE C	ANCEI	LED BEFORE		
		Proof of Insurance							EREOF, NOTICE WILL I CY PROVISIONS.	BE DI	ELIVERED IN		
						~~	CINDANCE WI	IIIE FOLK	71 1 NOVIGIONS.				
						AUTHO	RIZED REPRESE	NTATIVE					
						Ι.	n/limmo						
						1/11/1/	(( ( / V F W   / K /						