



# CERTIFICATE OF LIABILITY INSURANCE

OP ID JS  
PGAWE-1

DATE (MM/DD/YYYY)

05/28/10

<b>PRODUCER</b> LaBarre/Oksnee Insurance PD 30 Enterprise #180 Aliso Viejo CA 92656 Phone: 760-346-7251 Fax: 760-346-4269	<b>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.</b>	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b>  PGA West I Residential Assn c/o Board of Directors 54-320 Southern Hills La Quinta CA 92253	INSURER A: Philadelphia Indemnity Ins. Co	
	INSURER B: Liberty Mutual Insurance	
	INSURER C: Zurich Companies	
	INSURER D: Travelers Insurance Company	
	INSURER E: Tower Select Insurance Company	

### 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.

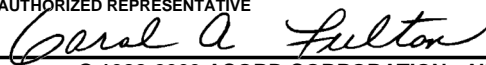
INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	X	<b>GENERAL LIABILITY</b>	PHPK476324	10/01/09	10/01/10	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
		<input checked="" type="checkbox"/> D&O \$1,000,000				PERSONAL & ADV INJURY	\$ 1,000,000
B		<b>Pesticide Liab</b>	NPP1254177	06/01/10	06/01/11	GENERAL AGGREGATE	\$ 2,000,000
F		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 2,000,000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC					
A	X	<b>AUTOMOBILE LIABILITY</b>	PHPK476324	10/01/09	10/01/10	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
A		<input checked="" type="checkbox"/> HIRED AUTOS	PHPK476324	10/01/09	10/01/10		
A		<input checked="" type="checkbox"/> NON-OWNED AUTOS	PHPK476324	10/01/09	10/01/10		
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
C	X	<b>EXCESS / UMBRELLA LIABILITY</b>	AUC297296807-2500619-06	10/01/09	10/01/10	EACH OCCURRENCE	\$ 25,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 25,000,000
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input checked="" type="checkbox"/> RETENTION \$10,000					\$
E		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	WCC70159220001	10/01/09	10/01/10	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT	\$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D		<b>Fidelity Bond</b>	104860890	10/01/09	10/01/10	Crime	4,000,000
A		<b>Property (R/C)</b>	PHPK476324	10/01/09	10/01/10	***	305,689,424

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

Earthquake with ICW \$20,000,000 limit with a 15% deductible effective 10/01/09-10 policy# XHO216203103 \*\*Package has Water Damage Exclusion and Excludes ALL Upgrades\*\* \*\*\*Split \$5,000 HOA Ded/\$10,000 Unit Owner Ded\*\*\* \*\*Package has 125% Extended Replacement Cost\*\*

### CERTIFICATE HOLDER

### CANCELLATION

<b>PGA WEST</b>  PGA West I Residential c/o Board of Directors 54-320 Southern Hills La Quinta CA 92253-5665	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> 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, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE 

ACORD 25 (2009/01)

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