

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID BE
PGAW-1

DATE (MM/DD/YYYY)
04/30/09

PRODUCER LaBarre/Oksnee Ins. Agency-PD 85 Argonaut Ste 110 Aliso Viejo CA 92656 Phone: 760-346-7251 Fax: 760-346-4269	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.												
INSURED PGA West I Residential Assn c/o Board of Directors 54-320 Southern Hills La Quinta CA 92253	<table border="1"> <thead> <tr> <th>INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Philadelphia Indemnity Ins. Co</td> <td></td> </tr> <tr> <td>INSURER B: Liberty Mutual Insurance</td> <td></td> </tr> <tr> <td>INSURER C: Zurich Companies</td> <td></td> </tr> <tr> <td>INSURER D: Travelers Insurance Company</td> <td></td> </tr> <tr> <td>INSURER E: Tower Select Insurance Company</td> <td></td> </tr> </tbody> </table>	INSURERS AFFORDING COVERAGE	NAIC #	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	
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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/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	GENERAL LIABILITY	PHPK351547	10/01/08	10/01/09	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		<input checked="" type="checkbox"/> Pesticide Liab	CAP000226-0108	10/01/08	10/01/09	GENERAL AGGREGATE	\$ 2,000,000
F		GEN'L AGGREGATE LIMIT APPLIES PER:	NPP1142689	06/01/08	06/01/09	PRODUCTS - COMP/OP AGG	\$ 2,000,000
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
A	X	AUTOMOBILE LIABILITY	PHPK351547	10/01/08	10/01/09	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	PHPK351547	10/01/08	10/01/09		
A		<input checked="" type="checkbox"/> NON-OWNED AUTOS	PHPK351547	10/01/08	10/01/09		
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
C	X	EXCESS/UMBRELLA LIABILITY	AUC297296806-2500619-05	10/01/08	10/01/09	EACH OCCURRENCE	\$ 25,000,000
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 25,000,000
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input checked="" type="checkbox"/> RETENTION \$10,000					\$
E		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WD83600101-08	10/01/08	10/01/09	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 1,000,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
		OTHER				E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D		Fidelity Bond	104860890	10/01/08	10/01/09	Crime	4,000,000
A		Property (R/C)	PHPK351547	10/01/08	10/01/09	10,000ded	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 10/01/08-09 **Package has Water Damage Exclusion and Excludes ALL Upgrades**

125% Extended Replacement Cost

CERTIFICATE HOLDER

PGAWEST

PGA West I Residential
c/o Board of Directors
54-320 Southern Hills
La Quinta CA 92253-5665

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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
Carol A. Fulton

INSURANCE SUMMARY FOR:

PGA WEST I RESIDENTIAL ASSOC.

MASTER POLICY	
Insurance Carrier	PHILADELPHIA INDEMNITY INSURANCE
Policy Number	PHPK351547
Renewal Date	10/01/08 TO 10/01/09
Limit of Liability	\$1,000,000.00
Property Coverage	\$305,689,424.00
Deductible	\$10,000.00 (Water Damage Exclusion/Excludes Upgrades)
Agent's Name/Phone	LABARRE/OKSNEE INS. CAROL 800-346-1077
DIRECTORS & OFFICERS	
Insurance Carrier	LIBERTY MUTUAL INSURANCE
Policy Number	CAP000226-0108
Renewal Date	10/01/08 TO 10/01/09
Limit of Liability	\$1,000,000.00
Agent's Name/Phone	LABARRE/OKSNEE INS. CAROL 800-346-1077
FIDELITY BOND	
Insurance Carrier	TRAVELERS INSURANCE COMPANY
Policy Number	104860890
Renewal Date	10/01/08 TO 10/01/09
Limit of Liability	\$4,000,000.00
Agent's Name/Phone	LABARRE/OKSNEE INS. CAROL 800-346-1077
COMMERCIAL UMBRELLA	
Insurance Carrier	ZURICH INSURANCE COMPANY
Policy Number	AUC297296806-2500619-05
Renewal Date	10/01/08 TO 10/01/09
Limit of Liability	\$25,000,000.00
Agent's Name/Phone	LABARRE/OKSNEE INS. CAROL 800-346-1077
EARTHQUAKE	
Insurance Carrier	ICW INSURANCE COMPANY
Policy Number	XHO2162031-02
Renewal Date	10/01/08 TO 10/01/09
Limit of Liability	\$20,000,000.00
Deductible	15% PER UNIT OF INSURANCE
Agent's Name/Phone	LABARRE/OKSNEE INS. CAROL 800-346-1077
WORKERS COMPENSATION	
Insurance Carrier	TOWER SELECT INSURANCE CO.
Policy Number	WD83600101-08
Renewal Date	10/01/08 TO 10/01/09
Limit of Liability	\$1,000,000.00
Agents Name/Phone	LABARRE/OKSNEE INS. CAROL 800-346-1077
PESTICIDE LIABILITY	
Insurance Carrier	WESTERN WORLD INSURANCE
Policy Number	NPP1142689
Renewal Date	06/01/08 TO 06/01/09
Limit of Liability	\$1,000,000.00
Agent's Name/Phone	LABARRE/OKSNEE INS. CAROL 800-346-1077

LaBarre/Oksnee Insurance