



CERTIFICATE OF LIABILITY INSURANCE

OP ID: EH
PGAWE-1

DATE (MM/DD/YYYY)

10/13/10

PRODUCER LaBarre/Oksnee Insurance PD 30 Enterprise #180 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.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED 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: Great American Group	
	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	X	GENERAL LIABILITY	PHPK629143	10/01/10	10/01/11	EACH OCCURRENCE \$ 1,000,000
			COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
			CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>				MED EXP (Any one person) \$ 5,000
			D&O \$1,000,000				PERSONAL & ADV INJURY \$ 1,000,000
B	X	X	Pesticide Liab	NPP1254177	06/01/10	06/01/11	GENERAL AGGREGATE \$ 2,000,000
			GEN'L AGGREGATE LIMIT APPLIES PER:	PRODUCTS - COMP/OP AGG \$ 2,000,000			
			POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/>				
A	X	X	AUTOMOBILE LIABILITY	PHPK629143	10/01/10	10/01/11	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
			ANY AUTO				BODILY INJURY (Per person) \$
			ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
			SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
A	X	X	HIRED AUTOS	PHPK629143	10/01/10	10/01/11	
A	X	X	NON-OWNED AUTOS	PHPK629143	10/01/10	10/01/11	
			GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
			ANY AUTO				OTHER THAN AUTO ONLY: EA ACC \$
							AGG \$
C	X	X	EXCESS / UMBRELLA LIABILITY	AUC297296808-2500619-07	10/01/10	10/01/11	EACH OCCURRENCE \$ 25,000,000
			OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>				AGGREGATE \$ 25,000,000
			DEDUCTIBLE				\$
			RETENTION \$10,000				\$
E	X	X	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WCC7015922	10/01/10	10/01/11	WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/>
			ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N				E.L. EACH ACCIDENT \$ 1,000,000
			If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	A	X	Fidelity Bond	554-38-21-8588-0	10/01/10	10/01/11	Crime 4,000,000
			Property (R/C)	PHPK629143	10/01/10	10/01/11	*** 312,854,014

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

Earthquake w/ ICW \$20,000,000 limit, 15% ded effective 10/01/10-11 **Package has Water Damage Exclusion & Excludes ALL Upgrades** **Split \$5,000 HOA Ded/\$10,000 Unit Owner Ded** **\$5,000,000 B&M with CNA effective 10/1/10** does include the interior walls-in coverage. *Split \$5,000 HOA Ded/\$10,000 Unit Owner Ded*125% Extended Replacement Cost.

CERTIFICATE HOLDER

CANCELLATION

PGA WEST 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 Carol A. Fulton