



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/05/2025

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).

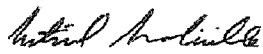
PRODUCER Prendiville Insurance Agency 24661 Del Prado, Suite 3 License #0740433 Dana Point CA 92629	CONTACT NAME: PHONE (A/C, No. Ext): (949) 487-9696 FAX (A/C, No): (949) 487-9626 E-MAIL ADDRESS:														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Philadelphia Indemnity Insurance</td> <td>18058</td> </tr> <tr> <td>INSURER B: Greenwich Insurance Company</td> <td>22322</td> </tr> <tr> <td>INSURER C: Travelers Casualty and Surety</td> <td>19038</td> </tr> <tr> <td>INSURER D: PMA Companies, Inc. /Chubb Ins.</td> <td>12262</td> </tr> <tr> <td>INSURER E: Cowbell Specialty Insurance Co.</td> <td>17372</td> </tr> <tr> <td>INSURER F: Northfield Insurance Company</td> <td>27987</td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Philadelphia Indemnity Insurance	18058	INSURER B: Greenwich Insurance Company	22322	INSURER C: Travelers Casualty and Surety	19038	INSURER D: PMA Companies, Inc. /Chubb Ins.	12262	INSURER E: Cowbell Specialty Insurance Co.	17372	INSURER F: Northfield Insurance Company
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Philadelphia Indemnity Insurance	18058														
INSURER B: Greenwich Insurance Company	22322														
INSURER C: Travelers Casualty and Surety	19038														
INSURER D: PMA Companies, Inc. /Chubb Ins.	12262														
INSURER E: Cowbell Specialty Insurance Co.	17372														
INSURER F: Northfield Insurance Company	27987														
INSURED PGA West Residential Association, Inc. 54-320 Southern Hills La Quinta CA 92253															

COVERAGES JK **CERTIFICATE NUMBER:** Cert ID 38897 (1) **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> *D&O is Claims Made <input checked="" type="checkbox"/> D&O Retention \$10000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2705730-000 C)D&O: 108136453 D&O Limit: \$1,000,000	02/01/2025	10/01/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 CGL Deductible: \$ 100,000 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> AUTOS ONLY			PHPK2705730-000	02/01/2025	10/01/2025	\$ \$ \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTIONS \$ N/A			PPP7475883L24A-04	10/01/2024	10/01/2025	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
E	Cyber Liability			FLY-CB-T154DA3GU-003	10/01/2024	10/01/2025	Cyber Liability Deductible: \$2,500 \$ 2,000,000
A	Property (R/C)			PHPK2705730-000	02/01/2025	10/01/2025	Prop. Ded: \$10,000; \$ 681,477,258 Water: \$50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Association has 1,422 Units. Bare Walls Coverage Applies. Building limit covers only 1,354 Units, 524 Buildings. Building Ordinance Coverage: A (Undamaged)= Included; B (Demolition) & C (Increased Cost of Construction)= \$1,000,000 (Each). Fidelity Bond Total Limit: \$18,000,000. Bond Breakdown Effective 10/01/2024-10/01/2025.: D) Primary Bond Policy #4124011490655Y: Limit: \$6,000,000; Deductible: \$25,000. Excess Bond Carriers: Great American Ins. Co. Policy #SSA-554-38-21-9505-014, Limit: \$5,000,000 / Travelers Casualty & Surety Policy #107924989, Limit: \$5,000,000 / Continental Casualty Insurance Co. Policy #618924331, Limit: \$2,000,000. F) Pesticide Liability Policy #WS627971, Effective 10/01/2024-10/01/2025, Limit: \$1,000,000 Per Occurrence; Deductible: \$1,000.
 *CANCELLATION: 30 DAY NOTICE, EXCEPT 10 DAY NOTICE FOR NON-PAYMENT OF PREMIUM.

CERTIFICATE HOLDER PGA West Residential Association, Inc. c/o Board of Directors 54-320 Southern Hills La Quinta CA 92253	CANCELLATION 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 

© 1988-2015 ACORD CORPORATION. All rights reserved.

2024 - 2025 Insurance Disclosure Statement

(As required by California Civil Code Section 5300)

PGA WEST RESIDENTIAL ASSOCIATION, INC.

The California Civil Code Section 5300 requires that the Association send insurance disclosure statement to each of its members. Accordingly, we are providing you the following information in compliance with the Civil Code.

The following is a summary of the association's insurance coverage for policy period 2024 - 2025:

Coverage for Items 1, 2, 3, 5, 6 & 7 below are provided by: Prendiville Insurance Agency
Phone: (949) 487-9696 / fax: (949) 487-9626

1. Property Insurance: Policy # PHPK2705730-000

- (A) Insurance carrier: Philadelphia Indemnity Insurance
- (B) The type of insurance: Property
- (C) The policy limits of the insurance: \$ 681,477,258
- (D) The amount of deductible, if any: \$ 10,000 / Water Damage: \$50,000
- (E) The policy term is: 02/01/2025 - 10/01/2025

2. Liability Insurance: Policy # PHPK2705730-000

- (A) Insurance carrier: Philadelphia Indemnity Insurance
- (B) The type of insurance: Commercial General Liability
- (C) The policy limits of the insurance: \$ 1,000,000 Per Occurrence
\$ 2,000,000 Annual Aggregate
- (D) The amount of deductible, if any: \$100,000
- (E) The policy term is: 02/01/2025 - 10/01/2025

3. Earthquake Insurance: Policy # GFD03004773-00

- (A) Insurance carrier: Golden Bear Insurance Company
- (B) The type of insurance: Earthquake Coverage
- (C) The policy limits of the insurance: \$ 8,693,766
- (D) The amount of deductible, if any: 15%, Subject to Minimum of \$25,000
- (E) The policy term is: 10/01/2024 - 10/01/2025

4. Flood Insurance: N/A

- (A) Insurance carrier: N/A
- (B) The type of insurance: Flood Coverage
- (C) The policy limits of the insurance: N/A
- (D) The amount of deductible, if any: N/A
- (E) The policy term is: N/A

5. Fidelity Insurance (Fidelity Bond/Employee Dishonesty) Coverage: Policy # 4124011490655Y

- (A) Insurance carrier: PMA Companies, Inc. & Excess Carriers
- (B) The type of insurance: Crime
- (C) The policy limits of the insurance: \$ 18,000,000
- (D) The amount of deductible, if any: \$ 25,000
- (E) The policy term is: 10/01/2024 - 10/01/2025

6. Directors & Officers Liability Insurance Coverage: Policy # 108136453

- (A) Insurance carrier: Travelers Casualty and Surety Company of America
- (B) The type of insurance: D&O Liability
- (C) The policy limits of the insurance: \$ 1,000,000 Per Occurrence
\$ 1,000,000 Annual Aggregate
- (D) The amount of retention, if any: \$ 10,000
- (E) The policy term is: 10/01/2024 - 10/01/2025

7. Umbrella Liability Insurance Coverage: Policy # PPP7475883

- (A) Insurance carrier: Greenwich Insurance Company
- (B) The type of insurance: Umbrella Liability
- (C) The policy limits of the insurance: \$ 25,000,000 Per Occurrence
\$ 25,000,000 Annual Aggregate
- (D) The amount of retention, if any: N/A
- (E) The policy term is: 10/01/2024 - 10/01/2025

8. Workers' Compensation Insurance Coverage: Policy # N/A

- (A) Insurance carrier: N/A
- (B) The type of insurance: Workers' Compensation Insurance
- (C) The policy limits of the insurance: N/A
- (D) The amount of deductible, if any: N/A
- (E) The policy term is: N/A

This summary of the Association's policies of insurance provides only certain information, as required by subdivision (b)(9) of Section 5300 of the Civil Code, and should not be considered a substitute for the complete policy terms and conditions contained in the actual policies of insurance. Any Association member may, upon request and provision of reasonable notice, review the Association's insurance policies and, upon request and payment of reasonable duplication charges, obtain copies of those policies. Although the Association maintains the policies of insurance specified in this summary, the Association's policies of insurance may not cover your property, including personal property, or real property improvements to or around your dwelling, or personal injuries or other losses that occur within or around your dwelling. Even if a loss is covered, you may nevertheless be responsible for paying all or a portion of any deductible that applies. Association members should consult with their individual insurance broker or agent for appropriate additional coverage.



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

Cert ID 38331

DATE (MM/DD/YYYY)

10/01/2024

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS Prendiville Insurance Agency 24661 Del Prado, Suite 3 License #0740433 Dana Point CA 92629		PHONE (A/C, No, Ext): (949) 487-9696	COMPANY NAME AND ADDRESS Golden Bear Insurance Company	NAIC NO: 39861
FAX (A/C, No): (949) 487-9626		E-MAIL ADDRESS:	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:	SUB CODE:		POLICY TYPE Earthquake	
AGENCY CUSTOMER ID #: 449811		LOAN NUMBER		POLICY NUMBER GFD03004773-00
NAMED INSURED AND ADDRESS PGA West Residential Association, Inc. 54-320 Southern Hills La Quinta CA 92253		EFFECTIVE DATE 10/01/2024	EXPIRATION DATE 10/01/2025	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)		THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION/DESCRIPTION All Commons Areas within PGA West Residential Association Inc., La Quinta, CA 92253

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	SPECIAL	<input checked="" type="checkbox"/> Earthquake
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 8,693,766					DED: 15%
	YES	NO	N/A		
<input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE			<input checked="" type="checkbox"/>	If YES, LIMIT:	Actual Loss Sustained; # of months:
BLANKET COVERAGE		<input checked="" type="checkbox"/>		If YES, indicate value(s) reported on property identified above: \$	
TERRORISM COVERAGE		<input checked="" type="checkbox"/>		Attach Disclosure Notice / DEC	
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	<input checked="" type="checkbox"/>				
IS DOMESTIC TERRORISM EXCLUDED?	<input checked="" type="checkbox"/>				
LIMITED FUNGUS COVERAGE		<input checked="" type="checkbox"/>		If YES, LIMIT:	DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)	<input checked="" type="checkbox"/>				
REPLACEMENT COST		<input checked="" type="checkbox"/>			
AGREED VALUE		<input checked="" type="checkbox"/>			
COINSURANCE		<input checked="" type="checkbox"/>		If YES, %	
EQUIPMENT BREAKDOWN (If Applicable)			<input checked="" type="checkbox"/>	If YES, LIMIT:	DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/>			If YES, LIMIT:	DED:
- Demolition Costs	<input checked="" type="checkbox"/>			If YES, LIMIT: 270,000	DED:
- Incr. Cost of Construction	<input checked="" type="checkbox"/>			If YES, LIMIT: 270,000	DED:
EARTH MOVEMENT (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT:	DED:
FLOOD (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT:	DED:
WIND / HAIL INCL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Subject to Different Provisions:			<input checked="" type="checkbox"/>	If YES, LIMIT:	DED:
NAMED STORM INCL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Subject to Different Provisions:			<input checked="" type="checkbox"/>	If YES, LIMIT:	DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS			<input checked="" type="checkbox"/>		

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

CONTRACT OF SALE	LENDER'S LOSS PAYABLE <input type="checkbox"/>	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE	<input checked="" type="checkbox"/> Certificate Holder		
NAME AND ADDRESS PGA West Residential Association, Inc. 54-320 Southern Hills La Quinta CA 92253			AUTHORIZED REPRESENTATIVE

© 2003-2015 ACORD CORPORATION. All rights reserved.

Special Conditions Overflow

DATE
10/01/2024

AGENCY	PHONE, (A/C, No, Ext): (949) 487-9696	APPLICANT (First Named Insured)	PGA West Residential Association, Inc. 54-320 Southern Hills La Quinta CA 92253
	Fax (A/C, No.): (949) 487-9626		
Prendiville Insurance Agency 24661 Del Prado, Suite 3 Dana Point CA 92629			
CODE:	SUB CODE:		
AGENCY CUSTOMER ID: 449811			

SPECIAL CONDITIONS / OTHER COVERAGES

This Evidence of Insurance is Intended to Provide Proof of Coverage Only.
Earthquake Deductible: 15% of the values shown on the Statement of Covered Locations and Values,
per unit if insurance, subject to \$25,000 Minimum Per Occurrence; AOP is \$25,000 Per Occurrence.

*CANCELLATION: EXCEPT 10 DAY NOTICE FOR NON-PAYMENT OF PREMIUM.