

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/25/2025

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).

and comments accommented in the comments and						
PRODUCER	CONTACT NAME:					
Prendiville Insurance Agency 24661 Del Prado, Suite 3	PHONE (A/C, No, Ext): (949) 487-9696 FAX (A/C, No): (949)	487-9626				
License #0740433	E-MAIL ADDRESS:					
Dana Point CA 92629	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A: Philadelphia Indemnity Ins. Co.	18058				
INSURED	INSURER B: Travelers Casualty and Surety 19038					
PGA West Residential Association, Inc.	INSURER C: Greenwich Insurance Company	22322				
54-320 Southern Hills	INSURER D: Spinnaker Specialty Insurance	17045				
La Quinta CA 92253	INSURER E: Northfield Insurance Company	27987				
	INSURER F: PMA Companies, Inc.	12262				

COVERAGES JK CERTIFICATE NUMBER: Cert ID 39962 (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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ISR POLICY EFF POLICY EXP										
INSR LTR		TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR			PHPK2705730-001	10/01/2025	10/01/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
1	х	*D&O is Claims Made			B)D&O: 108136453	10/01/2025	10/01/2026	MED EXP (Any one person)	\$	5,000	
1	х	D&O Retention \$10000			D&O Limit: \$1,000,000			PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000	
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000	
1		OTHER:						CGL Deductible:	\$	100,000	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
A		ANY AUTO			PHPK2705730-001	10/01/2025	10/01/2026	BODILY INJURY (Per person)	\$		
		OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
	х	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
								Commercial Auto	\$	1,000,000	
С	х	UMBRELLA LIAB X OCCUR			PPP7475883L25A-05	10/01/2025	10/01/2026	EACH OCCURRENCE	\$	25,000,000	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	25,000,000	
		DED X RETENTION\$ N/A							\$		
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER			
1	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$		
1	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
D	Су	ber Liability			FLY-CB-T154DA3GU-004	10/01/2025	10/01/2026	Cyber Liability Deductible: \$2,500	\$	2,000,000	
A	Pr	operty,Replacement Cost			PHPK2705730-001	10/01/2025		Prop. Ded: \$10,000; \$50,000 Water	\$	706,894,250	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Effective Date for All Policies: 10/01/2025-10/01/2026. E) Pesticide Liability Policy# WS651546;

Limit: \$1,000,000 Per Occurrence; Deductible: \$1,000. Fidelity Bond Total Limit: \$18,000,000.

Bond Breakdown: F) Primary Bond Policy #4125011490655Y: Limit: \$6,000,000; Deductible: \$25,000.

Excess Bond Carriers: G) Hanover Insurance Co: Policy #Pending: Limit: \$7,000,000; B) Travelers

Casualty & Surety Policy# Pending; Limit: \$5,000,000; 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).

*CANCELLATION:	30	DAI	NOTICE,	EXCEPT	10	DAI	NOTICE	FOR	NON-PAIMENT	OF	PREMIUM
CERTIFICATE HO	LDE	R							CANCE	LLA	TION

PGA West Residential Association, Inc. c/o Board of Directors 54-320 Southern Hills

La Quinta CA 92253

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

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EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

Cert ID 39966

DATE (MM/DD/YYYY)

09/25/2025

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 INSURERS.

THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE	OR	PR	ODL	JCER, AND THE ADDITION	ONAL INTEREST.			
PRODUCER NAME, CONTACT PERSON AND ADDRESS (A/C, No, Ext): (949) 487-9696				COMPANY NAME AND ADDRI	39861			
Prendiville Insurance Agency 24661 Del Prado, Suite 3 License #0740433 Dana Point CA 92629				Golden Bear Insur				
FAX (A/C, No): (949) 487-9626				IF MULTIPLE (TE FORM FO	OR EACH		
CODE: SUB CODE:				POLICY TYPE				
AGENCY CUSTOMER ID #: 449811				Earthquake				
NAMED INSURED AND ADDRESS PGA West Residential Association, Inc.				LOAN NUMBER	LOAN NUMBER POLICY NUMBER GFD03004773			
54-320 Southern Hills				EFFECTIVE DATE EXPIRATION DATE				
La Quinta CA 92253				CON				UED UNTIL ATED IF CHECKED
ADDITIONAL NAMED INSURED(S)				THIS REPLACES PRIOR EVIDENCE DATED:				
PROPERTY INFORMATION (ACORD 101 may be attached if	mor	e sp	oace	e is required) 🛚 🗖 BUILI	DING OR DBUSI	NESS	PERSO	NAL PROPERTY
LOCATION/DESCRIPTION All Commons Areas within PGA West	Re	sid	ent	ial Association Inc	., La Quinta, C	A 922	53	
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OBE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY	OTHI POLI	ER D	OCU S DE:	JMENT WITH RESPECT TO SCRIBED HEREIN IS SUBJE	WHICH THIS EVIDENC	E OF F	ROPERTY	INSURANCE MAY
COVERAGE INFORMATION PERILS INSURED	ВА	SIC		BROAD SPECIA	_ X Earthqual	ke		
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$	9	,56	3,1	.76		DED	: 1	.5%
	YES	NO	N/A					
☐ BUSINESS INCOME ☐ RENTAL VALUE			х	-,				ed; # of months:
BLANKET COVERAGE		Х		If YES, indicate value(s) repo		ed abov	/e: \$	
TERRORISM COVERAGE		Х		Attach Disclosure Notice / D	EC			
IS THERE A TERRORISM-SPECIFIC EXCLUSION?								
IS DOMESTIC TERRORISM EXCLUDED?								
LIMITED FUNGUS COVERAGE		Х		If YES, LIMIT:			DED:	
FUNGUS EXCLUSION (If "YES", specify organization's form used)	х							
REPLACEMENT COST	Х							
AGREED VALUE		Х						
COINSURANCE		х		If YES, %				
EQUIPMENT BREAKDOWN (If Applicable)	<u> </u>		Х	- /			DED:	
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	X			If YES, LIMIT:			DED:	
- Demolition Costs	х				,941		DED:	15%
- Incr. Cost of Construction	х				,941		DED:	15%
EARTH MOVEMENT (If Applicable)		x		If YES, LIMIT:			DED:	
FLOOD (If Applicable) WIND / HAIL INCL YES NO Subject to Different Provisions:		^	v	If YES, LIMIT: If YES, LIMIT:			DED: DED:	
NAMED STORM INCL YES X NO Subject to Different Provisions:			X	If YES, LIMIT:			DED:	
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE			Х	II TES, LIIVIII.			DED.	
HOLDER PRIOR TO LOSS		Х						
CANCELLATION								
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES EDUCATION OF THE ABOVE DESCRIBED POLICIES EDUCATION OF THE POLICY PROVISION			ICEL	LLED BEFORE THE EX	(PIRATION DATE	THERI	EOF, NO	TICE WILL BE
ADDITIONAL INTEREST								
	S PAY	ÆE		LENDER SERVICING AGENT N	AME AND ADDRESS			
MORTGAGEE X Certificate Holder								
NAME AND ADDRESS								
c/o Board of Directors								
54-320 Southern Hills		AUTHORIZED REPRESENTATIVE						
La Ouinta CA 92253	hatil	holida						

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Special Conditions Overflow DATE 09/25/2025 AGENCY (A/C, No, Ext): (949) 487-9696 (First Named PGA West Residential Association, Inc. (949) 487-9626 (A/C, No.): Insured) 54-320 Southern Hills Prendiville Insurance Agency La Quinta CA 92253 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 Total Replacement Values at Time of Loss per Unit of Insurance (Building) Affected,

Subject to \$25,000 Minimum Per Occurrence; AOP is \$25,000 Per Occurrence.

*CANCELLATION: 30 DAY NOTICE, EXCEPT 10 DAY NOTICE FOR NON-PAYMENT OF PREMIUM.

2025 - 2026 Insurance Disclosure Statement

(As required by California Civil Code Section 5300)

PGA WEST RESIDENTIAL ASSOCIATION, INC.

The California <u>Civil Code</u> 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 <u>Civil Code</u>.

The following is a summary of the association's insurance coverage for policy period 2025 - 2026:

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 # PHPK2705730-001 (A) Insurance carrier: Philadelphia Indemnity Insurance (B) The type of insurance: Property The policy limits of the insurance: (C) \$ 706,894,250 The amount of deductible, if any: (D) \$ 10,000 / Water Damage: \$50,000 The policy term is: 10/01/2025 - 10/01/2026 (E) 2. Liability Insurance: Policy # PHPK2705730-001 (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 The policy term is: 10/01/2025 - 10/01/2026 (E) 3. Earthquake Insurance: Policy # GFD03004773-01 (A) Insurance carrier: Golden Bear Insurance Company (B) The type of insurance: Earthquake Coverage (C) The policy limits of the insurance: \$ 9,563,176 (D) The amount of deductible, if any: 15%, Subject to Minimum of \$25,000 (E) The policy term is: 10/01/2025 - 10/01/2026 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

N/A

N/A

(D)

(E)

The amount of deductible, if any:

The policy term is:

5.	Fidelity In:	surance (Fidelity Bond/Employee Dish	ionesty) Coverage: Policy # 4125011490655Y
	(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:	10/01/2025 - 10/01/2026
6.	Directors	& Officers Liability Insurance Coverag	e: 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:	10/01/2025 - 10/01/2026
_	Haabaalla I		
7.	Umbrella i	_iability Insurance Coverage: Policy #	PPP7475883L25A-05
7.	(A)	Liability Insurance Coverage: Policy # Insurance carrier:	PPP7475883L25A-05 Greenwich Insurance Company
7.			
7.	(A)	Insurance carrier:	Greenwich Insurance Company
7.	(A) (B)	Insurance carrier: The type of insurance:	Greenwich Insurance Company Umbrella Liability \$ 25,000,000 Per Occurrence
7.	(A) (B) (C)	Insurance carrier: The type of insurance: The policy limits of the insurance:	Greenwich Insurance Company Umbrella Liability \$ 25,000,000 Per Occurrence \$ 25,000,000 Annual Aggregate
8 .	(A) (B) (C) (D) (E)	Insurance carrier: The type of insurance: The policy limits of the insurance: The amount of retention, if any:	Greenwich Insurance Company Umbrella Liability \$ 25,000,000 Per Occurrence \$ 25,000,000 Annual Aggregate N/A 10/01/2025 - 10/01/2026
	(A) (B) (C) (D) (E)	Insurance carrier: The type of insurance: The policy limits of the insurance: The amount of retention, if any: The policy term is:	Greenwich Insurance Company Umbrella Liability \$ 25,000,000 Per Occurrence \$ 25,000,000 Annual Aggregate N/A 10/01/2025 - 10/01/2026
	(A) (B) (C) (D) (E) Workers' (Insurance carrier: The type of insurance: The policy limits of the insurance: The amount of retention, if any: The policy term is: Compensation Insurance Coverage: Policy	Greenwich Insurance Company Umbrella Liability \$ 25,000,000 Per Occurrence \$ 25,000,000 Annual Aggregate N/A 10/01/2025 - 10/01/2026
	(A) (B) (C) (D) (E) Workers' (A)	Insurance carrier: The type of insurance: The policy limits of the insurance: The amount of retention, if any: The policy term is: Compensation Insurance Coverage: Policy Insurance carrier:	Greenwich Insurance Company Umbrella Liability \$ 25,000,000 Per Occurrence \$ 25,000,000 Annual Aggregate N/A 10/01/2025 - 10/01/2026 policy # N/A
	(A) (B) (C) (D) (E) Workers' (A) (B)	Insurance carrier: The type of insurance: The policy limits of the insurance: The amount of retention, if any: The policy term is: Compensation Insurance Coverage: Policy Insurance carrier: The type of insurance:	Greenwich Insurance Company Umbrella Liability \$ 25,000,000 Per Occurrence \$ 25,000,000 Annual Aggregate N/A 10/01/2025 - 10/01/2026 Dicy # N/A N/A Workers' Compensation Insurance

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 polices 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.



General Insurance Information for the Homeowners of PGA WEST RESIDENTIAL ASSOCIATION, INC.

Our agency is pleased to have been retained as the insurance service provider for the PGA West Residential Association, Inc. effective 10/01/2025. In coordination with the Association, our agency would like to provide all homeowners with information of what the master insurance policy covers within the residential units. Additionally, there is a change this year with the Earthquake policy in that it only covers the non-residential common area structures. Please see page two for more information. To ensure that all homeowners are maintaining proper limits of insurance, please review the information below and on the reverse.

<u>Items Covered by the Master Policy</u>: The interior coverage extends to all studs, drywall, rough electrical and plumbing. The Association carries a \$50,000 water damage deductible and a \$10,000 deductible for all other property claims.

<u>Individual Unit Owner Insurance Needs</u>: Whether you personally occupy your unit or have a tenant, please inform your personal insurance agent that you need an **HO-6 insurance** policy. Owners need to insure all interior items beyond the drywall that are a part of the building or structure. Examples would be: plumbing and electrical fixtures; cabinetry, countertops, appliances, floor coverings, ceiling coverings, wall coverings, etc. It is also important to cover your personal contents, liability, loss of use, loss assessment, and earthquake insurance coverage for your interior. Please refer to the accompanying insurance responsibility checklist.

Individual Assessments and the Association's Deductible:

All homeowners should consider insurance to cover assessments levied by the Association to a homeowner, as well as coverage which helps the individual homeowner pay for the Association's deductible. This coverage is often referred to loss assessment coverage or interior building coverage, check with your individual insurer.

Example: A water pipe bursts inside a unit, which causes damage. The individual homeowner may be solely responsible for the Association's insurance deductible.

Through an effective individual unit owner policy (HO-6), coverage for your Association deductible can be easily obtained. Please talk to your individual insurance agent.

How to Obtain a Certificate of Insurance:

Certificates of Insurance (available to financial institutions for loan purposes) may be obtained by visiting www.EOIDirect.com or contacting their help desk at (877) 456-3643.

How to File a Claim:

If you have a claim, notify your Association's management and your own homeowner's insurance carrier.

The above information is provided to assist in understanding the basic coverage on the Association's and Unit Owner's policies. For final coverage determination, both policies should be reviewed.

Page 1 of 2



Insurance Responsibility Checklist

Insurable Property	Insured by HOA	Insured by
		Homeowner
Exterior Building Structure	X	
Building Utility Installations	X	
Drywall of Unit as Originally Constructed	X	
Rough Plumbing and Electrical	X	
Flooring and Wall Coverings		X
Countertops		X
Cabinetry		X
Appliances		X
Plumbing and Electrical Fixtures		X
Built In Additions		X
Windows	X	
Entry Door	X	
Personal Property: Furniture, Electronics,		X
Clothing, etc.		
Loss Assessment		X

The Unit Owner's HO-6 Policy will cover items such as: Personal Property, Building Improvements, Interior Structures, Liability, Loss of Use, and Loss Assessment. Talk to an Agent about this important policy as these items <u>are not</u> covered by the association's insurance policy.

Non-Owner-occupied units need similar coverage, but with the addition of Loss of Rents.

Special Note Regarding Earthquake Insurance:

The new Earthquake policy is covering non-residential common area buildings. In past years, the association carried a small amount of coverage for damage to residential structures. This coverage has been eliminated due to the overall increased cost of insurance and the availability of alternative programs. Owners can obtain coverage through various options such MOTUS Insurance or the California Earthquake Authority (CEA). Contact information as follows:

MOTUS: <u>www.motusins.com</u> or (833) 688-8746.

CEA can be found through your personal HO6 insurance agent or www.earthquakeauthority.com

For help with your individual policy or general inquiries, please call our office 800-482-4467.

The above information is provided to assist in understanding the basic coverage on the Association's and Unit Owner's policies. For final coverage determination, both policies should be reviewed.

Page 2 of 2