

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>	DATE (MM/DD/YY) 4/21/22
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<b>PRODUCER</b> Chris DiNino - License #0E41640 235 W. 5th Avenue Suite 110 ESCONDIDO, CA 92025 (760)746-3200	<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>
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<b>INSURED</b> THE BRIDGES COMMUNITY ASSOCIATION C/O WALTERS MANAGEMENT 9665 CHESAPEAKE DR. #300 SAN DIEGO, CA 92123	<b>INSURERS AFFORDING COVERAGE</b> INSURER A: MID-CENTURY INSURANCE COMPANY INSURER B: FEDERAL INSURANCE COMPANY INSURER C: TRUCK INSURANCE EXCHANGE INSURER D: INSURER E:
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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.

INSH LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
C	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	606662426	4/21/22	4/21/23	EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 75,000
					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
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
C	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	606662426	4/21/22	4/21/23	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
B	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$	G70931977	4/21/22	4/21/23	EACH OCCURRENCE \$ 10,000,000
					AGGREGATE \$ 10,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	A09495151	4/21/22	4/21/23	WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
					E.L. EACH ACCIDENT \$ 1,000,000
					E.L. DISEASE EA EMPLOYEE \$ 1,000,000
					E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	<b>OTHER</b> PROPERTY COV REPLACEMENT COST	606662426	4/21/22	4/21/23	\$649,000 (\$1,000 DED) 1616 UNITS - COMMON AREA ONLY

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

A - EMPLOYEE DISHONESTY/FIDELITY - \$2,000,000 (MGMT CO ADDITIONAL INSURED)  
 A - DIRECTORS & OFFICERS LIABILITY - \$1,000,000 (MGMT CO IS ADDL INSURED)  
 G.L. includes Separation of Insureds and Building Ordinance  
 Mechanical Breakdown not Included  
 Additional \$100,000 Outdoor Property (Trees/Plants/Shrubs Coverage)

<b>CERTIFICATE HOLDER</b>	ADDITIONAL INSURED; INSURER LETTER: <b>A</b>	<b>CANCELLATION</b>
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<b>WALTERS MANAGEMENT</b> 9665 CHESAPEAKE DR. #300 SAN DIEGO, CA 92123	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</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 <div style="text-align: right;">4/21/22</div>
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