



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
01/01/2023

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.

PRODUCER Clinkenbeard Insurance Agency 235 Town Center Parkway, Suite J Santee CA 92071	CONTACT NAME: Madeline Clinkenbeard PHONE (A/C. No. Ext): 619-442-0415 FAX (A/C. No.): 619-442-0592 E-MAIL ADDRESS: certs@clinkenbeardins.com PRODUCER CUSTOMER ID:														
INSURED The Villages of Rancho Del Oro c/o The Avalon Management Group, Inc 4055 Oceanside Blvd Suite J Oceanside CA 92056	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Mid-Century Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B : Hartford and Bonding</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Mid-Century Insurance Company		INSURER B : Hartford and Bonding		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
HOA's address of record: Avenida De La Plata, Oceanside, CA 92056

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY CAUSES OF LOSS DEDUCTIBLES <input type="checkbox"/> BASIC BUILDING <input type="checkbox"/> BROAD CONTENTS <input checked="" type="checkbox"/> SPECIAL <input type="checkbox"/> EARTHQUAKE <input checked="" type="checkbox"/> WIND <input type="checkbox"/> FLOOD <input checked="" type="checkbox"/> 150% cost replacement <input checked="" type="checkbox"/> Com. Area \$2,500 ded	60672-49-58	01/01/2023	01/01/2024	<input type="checkbox"/> BUILDING \$ <input type="checkbox"/> PERSONAL PROPERTY \$ <input type="checkbox"/> BUSINESS INCOME \$ <input type="checkbox"/> EXTRA EXPENSE \$ <input type="checkbox"/> RENTAL VALUE \$ <input type="checkbox"/> BLANKET BUILDING \$ <input type="checkbox"/> BLANKET PERS PROP \$ <input type="checkbox"/> BLANKET BLDG & PP \$ <input checked="" type="checkbox"/> Ordinance/Law \$ 75,000 <input checked="" type="checkbox"/> Common Area \$ 6,225,000**	
	<input type="checkbox"/> INLAND MARINE CAUSES OF LOSS <input type="checkbox"/> NAMED PERILS	TYPE OF POLICY POLICY NUMBER				
A	<input checked="" type="checkbox"/> Umbrella Liability	60702-08-47	01/01/2023	01/01/2024	<input checked="" type="checkbox"/> Excess Liability	\$ 3,000,000
A	<input checked="" type="checkbox"/> CRIME TYPE OF POLICY Fidelity Bond & (B)	60672-49-58 & 72 BDDIU3325	01/01/2023	01/01/2024	<input checked="" type="checkbox"/> Employee Dishonesty <input checked="" type="checkbox"/> Excess	 \$ \$ \$ \$ 2,000,000 \$ \$ 6,600,000
A	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	60672-49-58	01/01/2023	01/01/2024	<input checked="" type="checkbox"/> Included	\$ \$
A	Premises Liability Directors & Officers	60672-49-58 60672-49-58	01/01/2023 01/01/2023	01/01/2024 01/01/2024	<input checked="" type="checkbox"/> Occ/Aggregate <input checked="" type="checkbox"/> Occ/Aggregate	 \$ 3mil/6mil \$ 2,000,000

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
438 BFUNS 5/42 2,647 Units *Common Area Property* Unit Owners Coverage Not Included - PUD
Policy Includes: 10 day cancellation notice given, Severability, Transfer Of Rights Of Recovery Against Others To Us, Inflation Guard at 8% and Building Ordinance & Law Coverages A,B & C. Premium Paid Current.
The Avalon Management Group as an Additional Insured on their Liability, Fidelity & D&O. MAC

CERTIFICATE HOLDER	CANCELLATION
<p>*HOA's Proof of Insurance Only* To get a certificate with your unit's address & your lender listed, please send your request or your lender's letter to certs@clinkenbeardins.com/Fax # 619-442-0592. Please call our office if you have questions 619-442-0415.</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE </p>