



CERTIFICATE OF LIABILITY INSURANCE

OP ID: LW

DATE (MM/DD/YYYY)

03/02/2018

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 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 GREG LERUM INS AGENCY, INC 302 N. EL CAMINO REAL #118 SAN CLEMENTE, CA 92672 Greg Lerum		CONTACT NAME: Greg Lerum PHONE (A/C, No, Ext): 949-492-7331 FAX (A/C, No): 949-498-1016 E-MAIL ADDRESS: glerum@farmersagent.com PRODUCER CUSTOMER ID #: GREEN-1	
INSURED Greenbriar Neighborhood Corp. Keystone Pacific Prop Mgmt LLC 16775 Von Karman Ave Ste 100 Irvine, CA 92606		INSURER(S) AFFORDING COVERAGE INSURER A : Mid-Century Insurance Company INSURER B : Truck Insurance Exchange INSURER C : Farmers Insurance Exchange INSURER D : INSURER E : INSURER F :	
		NAIC # 21687 21709 21652	

COVERAGES**CERTIFICATE NUMBER:****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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			602571794	03/01/2018	03/01/2019	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 75,000
A	<input checked="" type="checkbox"/> D&O Liability			602571794	03/01/2018	03/01/2019	MED EXP (Any one person)	\$ 5,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						PERSONAL & ADV INJURY	\$ 1,000,000
	1,000,000						GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMPI/OP AGG	\$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			602571794	03/01/2018	03/01/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	\$
	<input type="checkbox"/> HIRED AUTOS							\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		602586218	03/01/2018	03/01/2019	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$ 3,000,000
	DEDUCTIBLE							\$
	<input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> N / <input type="checkbox"/> A	A09261674	12/24/2017	12/24/2018	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Property			602571794	03/01/2018	03/01/2019	50000 DED	46,060,100
A	Fidelity Bond			602571794	03/01/2018	03/01/2019	5000 DED	1,800,000

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

100% REPLACEMENT COST INCLUDED TO: \$46,060,100
 125% EXTENDED REPLACEMENT COST INCLUDED TO: \$57,532,700

PROPERTY DEDUCTIBLE IS \$50,000 EFFECTIVE 5/1/17

CERTIFICATE HOLDER**CANCELLATION**

KEYSTONE PACIFIC PROP MGMT LLC 16775 VON KARMAN AVE SUITE 100 IRVINE, CA 92606	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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NOTEPAD:HOLDER CODE
INSURED'S NAME **Greenbriar Neighborhood Corp.****GREEN-1**
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*TOTAL NUMBER OF UNITS: 130
*POLICY IS SPECIAL FORM; NO CO-INSURANCE
*LENDERS LOSS PAYABLE CLAUSE APPLIES (438 BFU NS)
*INFLATION GUARD/AUTOMATIC BUILDING INCREASE: 8%
*SEVERABILITY OF INTEREST INCLUDED PER POLICY FORM E3314
*WIND AND HAIL ARE COVERED PERILS - THERE IS NOT A SEPARATE POLICY
*BOILER AND MACHINERY/EQUIPMENT BREAKDOWN COVERAGE IS NOT INCLUDED
*30 DAYS NOTICE OF CANCELLATION EXCEPT 10 DAYS FOR NON PAYMENT OF PREMIUM

*MANAGEMENT COMPANY IS ADDITIONAL INSURED ON GENERAL LIABILITY, D&O AND FIDELITY BOND

*SINGLE ENTITY (WALLS IN) COVERAGE INCLUDED - "BETTERMENTS & IMPROVEMENTS" INCLUDED PER PROPERTY FORM E3422 AND E3418

BUILDING ORDINANCE AND LAW COVERAGE:

Coverage 1: \$46,060,100
Coverage 2: \$260,000
Coverage 3: \$260,000

WITH RESPECT TO THE FIDELITY BOND COVERAGE, "EMPLOYEE" ADDITIONALLY INCLUDES ANY NATURAL PERSON ACTING SOLELY AS AN EMPLOYEE OF A REAL ESTATE MANAGEMENT FIRM WHILE THAT PERSON IS PERFORMING REAL ESTATE MANAGEMENT DUTIES FOR THE NAMED INSURED PER J6350 POLICY ENDORSEMENT.