



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/3/2026

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 Assured Partners of CA Insurance Services, LLC dba: Wateridge Insurance Services 9655 Granite Ridge Drive, Ste 450 San Diego, CA 92123	CONTACT NAME: Stefan Hodgden PHONE (A/C, No, Ext): (858) 258-6684 FAX (A/C, No): E-MAIL ADDRESS: stefan.hodgden@assuredpartners.com
	INSURER(S) AFFORDING COVERAGE
INSURED Belsera Community Association; c/o Walters Management 9665 Chesapeake Dr Ste 300 San Diego, CA 92123	INSURER A : The Ohio Casualty Ins. Co. NAIC # 24074
	INSURER B : Ohio Security Insurance Co. 24082
	INSURER C : Federal Insurance Company 20281
	INSURER D : Wesco Ins Company 25011
	INSURER E : Indian Harbor Insurance Co 36940
	INSURER F :

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 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BKO59657533	6/30/2026	6/30/2027	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							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
							\$
B	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			AZG (27)59657533	6/30/2026	6/30/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			G75365937	6/30/2026	6/30/2027	EACH OCCURRENCE \$ 25,000,000
							AGGREGATE \$ 25,000,000
							\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below			TWC4660801	9/12/2025	9/12/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	Property / Building			PENDING	6/30/2026	6/30/2027	See Page 2 35,000,000

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

CERTIFICATE HOLDER ASSOCIATION COPY INFORMATIONAL ONLY	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 



ADDITIONAL REMARKS SCHEDULE

AGENCY Assured Partners of CA Insurance Services, LLC dba: Wateridge Insurance Services		NAMED INSURED Belsera Community Association; c/o Walters Management 9665 Chesapeake Dr Ste 300 San Diego, CA 92123	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverage Details
58 Buildings // 364 Residential Units

PROPERTY POLICIES

*1ST LAYER: INDIAN HARBOR INSURANCE CO.

Policy Number: TBD / 06/30/26 - 06/30/27 / \$10,000,000 Building Limit

*2ND LAYER: GOTHAM INSURANCE CO.

Policy Number: PR202600009359 / 06/30/26 - 06/30/27 / \$5,000,000 Building Limit

*3RD LAYER: SWISS RE CORPORATE SOLUTIONS CAPACITY INSURANCE CORP.

Policy Number: TBD / 06/30/26 - 06/30/27 / \$10,000,000 Building Limit

*4TH LAYER: KINSALE INSURANCE CO.

Policy Number: 0100197059-4 / 06/30/26 - 06/30/27 / \$10,000,000 Building Limit

Special Causes of Loss

Wind/Hail Included

Replacement Cost Coverage Applies

Property Deductibles:

*All Perils: \$25,000

Ordinance & Law

*Coverage A: Included

*Coverage B: 10% of individual buildings

*Coverage C: 10% of individual buildings

EQUIPMENT BREAKDOWN: LIBERTY MUTUAL FIRE INSURANCE

Policy: YB2-L9L-478328-015 / 06/30/26 - 06/30/27 / \$25,000,000 Limit / \$25,000 Deductible

GENERAL LIABILITY: LIBERTY MUTUAL INSURANCE

*Separation of Insureds - Included

*Property Manager - Included

FIDELITY/CRIME POLICY: TRAVELERS

Policy Number: 105695680 / 06/30/26 - 06/30/27 / \$3,916,073 Limit / \$39,000 Deductible

Property Manager, Board Members and Volunteers included as Employees. Property manager subject to sublimit of \$1,000,000.

DIFFERENCE IN CONDITIONS POLICY: TRANSVERSE INSURANCE CO.

Policy Number: TSAHDC000287001 / 11/06/25 - 11/06/26

Coverage Limit: Earthquake - \$20,000,000 / Flood - Not included

Deductible: Earthquake - 10% of the total insurable value of each unit at the time of loss, minimum of \$50,000 per occurrence

Cancellation for All Policies: 10 days for non-payment of premium, 30 days all other