AVIAR-1 OP ID: GA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/31/2017

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
LaBarre/Oksnee Insurance KH
License # 0C84283
30 Enterprise #180
Aliso Viejo, CA 92656
Keith Hatch

CONTACT NAME: LaBarre/Oksnee Insurance
PHONE (A/C, No, Ext): 800-698-0711 FAX (A/C, No): 949-588-1275
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : QBE Insurance Corporation	39217
INSURER B : Firemans Fund Insurance Co.	21873
INSURER C : Liberty Mutual Insurance	23043
INSURER D : Great American Insurance Co.	16691
INSURER E : PMA Insurance Group	12262
INSURER F :	

INSURED
Aviara Master Association
c/o A. McKibbin & Co.
7529 Draper Avenue, Suite D
La Jolla, CA 92037

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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE OCCUR	X		CAU217181-6	02/01/2017	02/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
A	X D&O $1,000,000			CAU217181-6	02/01/2017	02/01/2018	MED EXP (Any one person)	$ 5,000
	No D&O Ded						PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ Unlimited
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			CAU217181-6	02/01/2017	02/01/2018	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB OCCUR			SUO00024486821-4433-5	02/01/2017	02/01/2018	EACH OCCURRENCE	$ 10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 10,000,000
	DED RETENTION $							$
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N	N / A		2017010521583Y	02/01/2017	02/01/2018	X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT	$ 1,000,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A	Property*			CAU217181-6	02/01/2017	02/01/2018	2,500 Ded	1,935,000
C	Fidelity Bond**	X		CAC007929-0414	02/01/2017	02/01/2018	5,000 Ded	2,000,000

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

The association has 1,727 units. Common areas only; common elements insured to 100% Replacement Cost. Building Ordinance or Law Coverage included. Management company is additionally insured. *Property coverage is guaranteed replacement cost. **$2MM fidelity bond includes $1MM with Liberty Mutual Ins and a $1MM excess fidelity bond with Great American Ins.

CERTIFICATE HOLDER

A--MCKI

A. McKibbin & Co.
7529 Draper Ave.Ste#D
La Jolla, CA 92037-4879

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
Keith Hatch

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