

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 10/30/2019

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).

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PRODUCER	CONTACT Angela Falcone						
Gordon Associates Insurance Services, Inc.	PHONE (650) 654-5555 (A/C, No): (650) 654-5550						
20 El Camino Real	E-MAIL ADDRESS: afalcone@gordoninsurance.com						
	INSURER(S) AFFORDING COVERAGE				NAIC #		
Redwood City	INSURER A: Dongbu				12502		
INSURED	INSURER B: Great American Insurance				16691		
Sharon Glen HOA, DBA: c/o Dominic Ferrari			INSURER C: Wesco Insurance Co.				25011
Ferrari Management	INSURER D:						
444 First St., #A			INSURER E:				
Los Altos CA 94022-3606			INSURER F:				
COVERAGES CERT	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 PADI CALINGS.							
	ADDL SU	VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		
COMMERCIAL GENERAL LIABILITY	1			1	EACH OCCURRENCE	s 1.00	
CLAIMS-MADE CCCUR					DAMAGE TO RENTED \$ 300,		· · · · · · · · · · · · · · · · · · ·
,		000 4004470 00			MED EXP (Any one person)	\$ 5,00	
^		CBP 1321179 06	10/17/2019	10/17/2020	PERSONAL & ADV INJURY		
GEN'L AGGREGATE LIMIT APPLIES PER:				1	GENERAL AGGREGATE		0,000
POLICY PRO-			1		PRODUCTS - COMP/OP AGG		
OTHER: AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT	\$	
ANY AUTO					(Ea accident)	\$	
OWNED SCHEDULED AUTOS ONLY AUTOS NON-OWNED					BODILY INJURY (Per person)	\$	
	l		į		BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
AUTOS ONLY AUTOS ONLY	ŀ				(Per accident)	\$	
WINDRELLA LIAB			<del></del>			\$	00.000
B FYESSELLES		UM30175736	10/17/2019	10/17/2020	EACH OCCURRENCE	\$ 10,000,000 \$ 10,000,000	
CLAIMS-MADE	CLAIMS-MADE		10/17/2019	10/1//2020	AGGREGATE	-	00,000
WORKERS COMPENSATION		<del>-  </del>			PER OTH- STATUTE ER	\$	
AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mendatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	i			10/17/2020		e 1,000,000	
	N/A	WWC3435245	10/17/2019		E.L. EACH ACCIDENT	4.000.000	
			l		E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
		<u> </u>			E.L. DISEASE - POLICY LIMIT  Each Occurence		0,000
B Directors & Officers		EPP4063552-06	10/17/2019	10/17/2020	General Aggregate	-	0,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							
CERTIFICATE HOLDER CANCELLATION							
	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						

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