

**LEISURE VILLAGE ASSOCIATION, INC.**  
**Insurance Disclosure Form**

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Civil Code § 5300 requires that community associations annually disclose to the individual homeowners the following insurance coverage carried by the Association:

**Property:**

|  |                                       |
|--|---------------------------------------|
| Name of Insurer: Endurance American Ins. Co. | Agent: Cline Agency Insurance Brokers |
| Policy Limits: \$50,000,000                  | Amount of Deductible: \$25,000        |
| Date Policy Begins: November 1, 2025         | Date Policy Ends: November 1, 2026    |

**General Liability:**

|   |                                       |
|---|---------------------------------------|
| Name of Insurer: Philadelphia Indemnity Company                             | Agent: Cline Agency Insurance Brokers |
| Policy Limits: \$1,000,000 Each Occurrence<br>\$2,000,000 General Aggregate | Amount of Deductible: \$5,000         |
| Date Policy Begins: November 1, 2025  | Date Policy Ends: November 1, 2026    |

**Fidelity Insurance:**

|  |                                       |
|--|---------------------------------------|
| Name of Insurer: Great American Ins. Co. | Agent: Cline Agency Insurance Brokers |
| Policy Limits: \$10,400,000              | Amount of Deductible: \$25,000        |
| Date Policy Begins: November 1, 2025     | Date Policy Ends: November 1, 2026    |

**Directors & Officers Liability:**

|  |                                       |
|--|---------------------------------------|
| Name of Insurer: Everest National Ins. Co. | Agent: Cline Agency Insurance Brokers |
| Policy Limits: \$1,000,000                 | Amount of Deductible: \$25,000        |
| Date Policy Begins: November 1, 2025       | Date Policy Ends: November 1, 2026    |

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**Commercial Umbrella:**

|  |                                       |
|--|---------------------------------------|
| Name of Insurer: Greenwich Insurance Company               | Agent: Cline Agency Insurance Brokers |
| Policy Limits: \$25,000,000 (in excess of Liability & D&O) | Amount of Deductible: N/A             |
| Date Policy Begins: November 1, 2025                       | Date Policy Ends: November 1, 2026    |

**Earthquake/Flood Insurance**

|  |   |
|--|---|
| Name of Insurer: Endurance American Ins. Co.                 | Agent: Cline Agency Insurance Brokers     |
| Policy Limits; Earthquake: \$7,500,000<br>Flood: \$5,000,000 | Amount of Deductible: EQ 5%, Flood \$500K |
| Date Policy Begins: November 1, 2025                         | Date Policy Ends: November 1, 2026        |

**Statutory Disclosure**

This summary of the Association's policies of insurance provides only certain information, as required by Section 5300 of the Civil Code, and should not be considered a substitute for the complete policy terms and conditions contained in the actual policies of insurance. Any Association member may, upon request and provision of reasonable notice, review the Association's insurance policies and, upon request and payment of reasonable duplication charges, obtain copies of those policies. Although the Association maintains the policies of insurance specified in this summary, the Association's policies of insurance may not cover your property, including personal property or, real property improvements to or around your dwelling, or personal injuries or other losses that occur within or around your dwelling. Even if a loss is covered, you may nevertheless be responsible for paying all or a portion of any deductible that applies. Association members should consult with their individual insurance broker or agent for appropriate additional coverage.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/03/2025

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).

|  |   |
|--|---|
| <b>PRODUCER</b><br>Cline Agency Insurance Brokers<br>12400 Wilshire Boulevard<br>Suite 280<br>Los Angeles CA 90025             | <b>CONTACT NAME:</b> EOI Direct eoidirect.com<br><b>PHONE (A/C No, Ext):</b> (877) 456-3643 <b>FAX (A/C No):</b><br><b>E-MAIL ADDRESS:</b> help@eoidirect.com |
|  | <b>INSURER(S) AFFORDING COVERAGE</b> <span style="float: right;">NAIC #</span>  |
| <b>INSURED</b><br>Leisure Village Association Inc<br><br>Board of Directors<br>200 Leisure Village Drive<br>Camarillo CA 93012 | <b>INSURER A:</b> Philadelphia Indemnity Co   |
|  | <b>INSURER B:</b> Greenwich Insurance Co  |
|  | <b>INSURER C:</b> Great American Insurance Co   |
|  | <b>INSURER D:</b> Endurance American Insurance Co   |
|  | <b>INSURER E:</b> Nautilus Insurance Co   |
| <b>INSURER F:</b> Ironshore Specialty Insurance Co   |   |

**COVERAGES** RE **CERTIFICATE NUMBER:** Cert ID 51931 (1) **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  |           |          |                       |                         |                         | EACH OCCURRENCE \$ 1,000,000   |
|   | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          | PHPK2620647           | 11/01/2025              | 11/01/2026              | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000                 |
|   | <input checked="" type="checkbox"/> PHUB915848  |           |          | PHPK2620977004 SEC OP | 11/01/2025              | 11/01/2026              | MED EXP (Any one person) \$ 5,000                                    |
|   | <input checked="" type="checkbox"/> \$2M in XS OF 2ND GL  |           |          |                       |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000                                   |
| GEN'L AGGREGATE LIMIT APPLIES PER:  |   |           |          |                       |                         |                         | GENERAL AGGREGATE \$ 2,000,000                                       |
|   | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |                       |                         |                         | PRODUCTS - COMP/OP AGG \$ 2,000,000                                  |
|   | OTHER:  |           |          |                       |                         |                         | GL Deductible \$ 5,000   |
| H   | <b>AUTOMOBILE LIABILITY</b>   |           |          |                       |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000                     |
|   | <input checked="" type="checkbox"/> ANY AUTO  |           |          | BA3X7439982542G       | 11/01/2025              | 11/01/2026              | BODILY INJURY (Per person) \$  |
|   | <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY   |           |          |                       |                         |                         | BODILY INJURY (Per accident) \$                                      |
|   | <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY                             |           |          |                       |                         |                         | PROPERTY DAMAGE (Per accident) \$                                    |
|   |   |           |          |                       |                         |                         | \$   |
| B   | <input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR                          |           |          | PPP7452855            | 11/01/2025              | 11/01/2026              | EACH OCCURRENCE \$ 25,000,000  |
|   | <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                                 |           |          |                       |                         |                         | AGGREGATE \$ 25,000,000  |
|   | <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$  |           |          |                       |                         |                         | In Excess of \$ GL/AUTO/D&O  |
| <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>  |   |           |          |                       |                         |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A |   |           |          |                       |                         |                         | E.L. EACH ACCIDENT \$  |
| If yes, describe under DESCRIPTION OF OPERATIONS below  |   |           |          |                       |                         |                         | E.L. DISEASE - EA EMPLOYEE \$  |
|   |   |           |          |                       |                         |                         | E.L. DISEASE - POLICY LIMIT \$                                       |
| C   | Crime/Fidelity Bond   |           |          | SAAF125475            | 11/01/2025              | 11/01/2026              | Ded. \$25,000 \$ 10,400,000  |
| D   | Property - Commercial   |           |          | ESP30027169203        | 11/01/2025              | 11/01/2026              | Ded. \$25,000, Wind/Hail \$250K \$ 50,000,000                        |

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

Carrier G: At-Bay Specialty Ins. Co.  
 Carrier H: Travelers Casualty and Surety Company  
 Carrier I: Everest National Insurance Co.

Master Policy: Special Form (Wind/Hail not excluded); Replacement Cost Valuation (100%); Blanket Limit. Inflation Guard N/A - limits reassessed annually at renewal. Includes Ordinance or Law (A/B/C), Equipment Breakdown, Separation of Insureds, and Waiver of Subrogation, PER POLICY FORMS. Scope of Coverage: Bare Walls - No Walls-in coverage. Management is additionally insured under GL and D&O; Fidelity insurance extends to management., per policy forms. Earthquake and Flood

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER</b><br><br>PROOF OF INSURANCE | <b>CANCELLATION</b><br><br>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<br><br>   |

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# DESCRIPTION OF OPERATIONS SECTION CONTINUED

DATE  
11/03/2025

CERTIFICATE HOLDER:  
PROOF OF INSURANCE

INSURED:  
Leisure Village Association Inc  
  
Board of Directors  
Camarillo CA 93012

**DESCRIPTION OF OPERATIONS CONTINUED:**

Policies: Are a part of the master property policy with an earthquake sublimit of \$7,500,000 and Flood Sublimit of \$5,000,000. Please consult the policy for scope of property covered, Building Ordinance sub-limits (if applicable) and other endorsements/ extensions, as well as complete coverage terms, conditions, limitations and exclusions. Individual owners should inquire with their personal insurance agents regarding recommended HO-6 coverage and personal EQ protection to supplement the HOA's insurance.