A	CORD	CERT	IFICATE OF LI	ABILIT	TY INS	SURANCI	Ξ	DATE (MM/DD/YY) 12/05/2016	
PRODUCER Berg Insurance Agency 23651 Birtcher Dr Brights upon the certificate is issued as a matter of information only and confer Rights upon the certificate holder. This certificate does not amend, ex OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.									
2305		/1			INSURERS AFFORDING COVERAGE				
Lake Forest, CA 92630 (949) 830-4590 INSURED WOODFIELD COMMUNITY ASSOCIATION C/O OPTIMUM PROPERTY MANAGEMENT 17731 IRVINE BOULEVARD, SUITE 212 TUSTIN, CA 92780					(A) FARMERS INSURANCE EXCHANGE (B) FIREMAN'S FUND INSURANCE CO. (C) MID CENTURY INSURANCE CO				
COVERAGES									
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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INS LTR	LTR TYPE OF INSURANCE		POLICY NUMBER	EFFE	CTIVE DATE	EXPIRATION DATE	LIN	NITS	
A	GENERAL LIAB		605143186	10/1	5/2016	10/15/2017	EACH OCCURRENCE	\$1,000,000	
	COMMERCIAL GENERAL LIABILITY						FIRE DAMAGE (Any one fire)	\$75,000	
	CLAIMS	X_ OLCOR					MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
	GEN'L AGGREGATE	LIMIT APPLIES PER					GENERAL AGGREGATE	\$2,000,000	
		PROJ LOC					PRODUCTS - COMP/O P AGG	\$1,000,000	
A			605143186	10/1	5/2016	10/15/2017	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ALL OWNED A	AUTOS					BODILY INJURY (Per person)		
	X HIRED AUTOS						BODILY INJURY (Per accident)		
							PROPERTY DAMAGE (Per accident)		
	GARAGE LIABI	LITY					AUTO ONLY - EA ACCIDENT		
	ANY AUTO						OTHER THAN EA ACC AUTO ONLY AGG		
В	UMBRELLA		SUO000322183	10/1	5/2016	10/15/2017	EACH OCCURRENCE	\$15,000,000	
							AGGREGATE	_\$15,000,000	
	RETENTION	PENSATION &	400450000	4.0/4	E/0040	40/45/0047	X WC LIMITS OTHER		
С	EMPLOYER'S L		A09459899	10/1	5/2016	10/15/2017	EL EACH ACCIDENT	\$1,000,000	
							EL DISEASE - EACH EMPLOYEE	\$1,000,000	
							EL DISEASE - POLICY LIMIT	\$1,000,000	
A	отнек Building		605143186	10/1	5/2016	10/15/2017	\$31,376,400	\$5,000 Ded	
A	Directors/C	Officers	605143186		5/2016	10/15/2017	\$1,000,000	\$1,000 Ded	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS									
"Bare Walls"; Special Form; 100% Replacement Cost Policy with 150% Extended Replacement Cost Endorsement;									
Management Company named Additional Insured on GL and D&O 163 units									
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OF LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES.									
						AUTHORIZED REPRESENTATIVE			
						(J sey			

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