

SAMPLE FORM ONLY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

*

<p style="text-align: center; color: red; font-weight: bold;">COMPLETE WITH ADDRESS, PHONE AND FAX NUMBERS</p>	<p style="font-size: small;">THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</p>												
<p style="font-size: small;">PRODUCER</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">INSURERS AFFORDING COVERAGE</td> <td style="width: 20%; padding: 2px;">NAIC #</td> </tr> <tr> <td style="padding: 2px;">INSURER A:</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">INSURER B:</td> <td style="padding: 2px; text-align: center; color: red;">ENTER ALL INSURERS</td> </tr> <tr> <td style="padding: 2px;">INSURER C:</td> <td style="padding: 2px; text-align: center; color: red;">AND NAIC#'S</td> </tr> <tr> <td style="padding: 2px;">INSURER D:</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">INSURER E:</td> <td style="padding: 2px;"></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A:		INSURER B:	ENTER ALL INSURERS	INSURER C:	AND NAIC#'S	INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #												
INSURER A:													
INSURER B:	ENTER ALL INSURERS												
INSURER C:	AND NAIC#'S												
INSURER D:													
INSURER E:													
<p style="text-align: center; color: red; font-weight: bold;">COMPLETE WITH ADDRESS, PHONE AND FAX NUMBERS</p>	<p style="font-size: small;">INSURED</p>												

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.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
A	X	<p>GENERAL LIABILITY</p> <p><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY</p> <p>CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/></p> <hr/> <p>GEN'L AGGREGATE LIMIT APPLIES PER:</p> <p><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC</p>	POLICY NUMBER	02/26/10	02/26/11	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 100,000</td></tr> <tr><td>MEG. EXP. (Per person)</td><td style="text-align: right;">\$ EXCLUDED</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 2,000,000</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MEG. EXP. (Per person)	\$ EXCLUDED	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000
EACH OCCURRENCE	\$ 1,000,000																	
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000																	
MEG. EXP. (Per person)	\$ EXCLUDED																	
PERSONAL & ADV INJURY	\$ 1,000,000																	
GENERAL AGGREGATE	\$ 2,000,000																	
PRODUCTS - COMP/OP AGG	\$ 2,000,000																	
B		<p>AUTOMOBILE LIABILITY</p> <p>ANY AUTO <input type="checkbox"/></p> <p>ALL OWNED AUTOS <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> SCHEDULED AUTOS</p> <p><input checked="" type="checkbox"/> HIRED AUTOS</p> <p><input checked="" type="checkbox"/> NON-OWNED AUTOS</p>				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$				
COMBINED SINGLE LIMIT (Ea accident)	\$																	
BODILY INJURY (Per person)	\$																	
BODILY INJURY (Per accident)	\$																	
PROPERTY DAMAGE (Per accident)	\$																	
		<p>GARAGE LIABILITY</p> <p>ANY AUTO <input type="checkbox"/></p>				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>AUTO ONLY - EA ACCIDENT</td><td style="text-align: right;">\$</td></tr> <tr><td>OTHER THAN AUTO ONLY: EA ACC</td><td style="text-align: right;">\$</td></tr> <tr><td>AGG</td><td style="text-align: right;">\$</td></tr> </table>	AUTO ONLY - EA ACCIDENT	\$	OTHER THAN AUTO ONLY: EA ACC	\$	AGG	\$						
AUTO ONLY - EA ACCIDENT	\$																	
OTHER THAN AUTO ONLY: EA ACC	\$																	
AGG	\$																	
		<p>EXCESS/UMBRELLA LIABILITY</p> <p><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE</p> <p>DEDUCTIBLE <input type="checkbox"/></p> <p>RETENTION \$</p>				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$		\$		\$		
EACH OCCURRENCE	\$																	
AGGREGATE	\$																	
	\$																	
	\$																	
	\$																	
C		<p>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</p> <p>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?</p> <p>If yes, describe under SPECIAL PROVISIONS below</p>	POLICY NUMBER (IF APPLICABLE)	02/26/10	02/26/11	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">WC STATUTORY LIMITS</td> <td style="font-size: x-small;">OTHER</td> <td></td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td style="text-align: right;">\$ 1000000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td style="text-align: right;">\$ 1000000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td style="text-align: right;">\$ 1000000</td> </tr> </table>	WC STATUTORY LIMITS	OTHER		E.L. EACH ACCIDENT		\$ 1000000	E.L. DISEASE - EA EMPLOYEE		\$ 1000000	E.L. DISEASE - POLICY LIMIT		\$ 1000000
WC STATUTORY LIMITS	OTHER																	
E.L. EACH ACCIDENT		\$ 1000000																
E.L. DISEASE - EA EMPLOYEE		\$ 1000000																
E.L. DISEASE - POLICY LIMIT		\$ 1000000																
<p style="font-size: x-small;">DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS</p>																		

*10 DAY NOC APPLIES FOR NON-PAYMENT OF PREMIUM.

CERTIFICATE HOLDER MENAS REALTY & ALL CALIFORNIA OPERATIONS (or the specific HOA Name) ARE ADDITIONALLY INSURED PER ENDORSEMENT # (add form number and please provide copy of said form from Producer)

<p>CERTIFICATE HOLDER</p> <p style="text-align: center; color: red; font-weight: bold; font-size: large;">MENAS REALTY COMPANY 4990 MISSION BLVD. SAN DIEGO, CA 92109</p>	<p>CANCELLATION</p> <p style="font-size: x-small;">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 OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.</p> <p style="font-size: x-small;">AUTHORIZED REPRESENTATIVE</p> <p style="text-align: center; color: red; font-weight: bold; font-size: large;">MUST BE SIGNED</p>
--	--