FIELOWN-01

ASANCHEZ



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/12/2025

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).

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PRODUCER	CONTACT NAME:				
Socher Insurance Agency, Inc. 7901 Stoneridge Drive, Suite 403	PHONE (A/C, No, Ext): (877) 317-9300	FAX (A/C, No): (877) 317-9305			
Pleasanton, CA 94588	E-MAIL ADDRESS: info@hoainsurance.net				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Mount Vernon Fire Insurance Col	mpany			
INSURED Fieldstone Owners Association Board of Directors 344 Fieldstone Drive Murphys, CA 95247	INSURER B: Federal Insurance Company				
	INSURER C : Continental Casualty Company				
	INSURER D :				
	INSURER E :				
	INSURER F:				

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			INSR ADDICTIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
	TYPE OF INSURANCE	INSD W	VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S				
Α	X COMMERCIAL GENERAL LIABILITY				,,,,,,,	EACH OCCURRENCE	\$ 1,000,000				
	CLAIMS-MADE X OCCUR		NPP2600590	11/3/2025	11/2/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000				
						MED EXP (Any one person)	\$ 5,000				
L						PERSONAL & ADV INJURY	\$ 1,000,000				
L	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000				
	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$ Included				
	OTHER:						\$				
A	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000				
	ANY AUTO		NPP2600590	11/3/2025	11/2/2026	BODILY INJURY (Per person)	\$				
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident) PROPERTY DAMAGE	\$				
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					(Per accident)	\$				
_							\$				
В	X UMBRELLA LIAB X OCCUR		075004004	44/0/0005	44/0/0000	EACH OCCURRENCE	\$ 5,000,000				
	EXCESS LIAB CLAIMS-MADE		G75221204	11/2/2025	11/2/2026	AGGREGATE	\$				
	DED X RETENTION\$					▼ PER OTH-	\$				
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		WZV M202202 00	44/2/2025	44/0/0006	X PER STATUTE OTH-	4 000 000				
A	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WZY-M203382-00	11/2/2025	11/2/2026	E.L. EACH ACCIDENT	\$ 1,000,000				
	(Mandatory in NH)  If yes, describe under					E.L. DISEASE - EA EMPLOYEE					
	DÉSCRIPTION OF OPERATIONS below		70000005	44/2/2025	44/0/0006	E.L. DISEASE - POLICY LIMIT					
C	Directors & Officers		768686825	11/2/2025	11/2/2026	DED: \$1,000	1,000,000				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Please see Certificate of Property, Acord 24, for building values.

CERTIFICATE HOLDER

Certificate Holder Listed as Additional Insured Fieldstone Owners Association Board of Directors 344 Fieldstone Drive Murphys, CA 95247 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

