# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 11/2/2017

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER
L/P Insurance Services, Inc.
8925 W. Russell Road #220
Las Vegas NV 89148

CONTACT NAME: Shelly Heibel
PHONE (A/C, No, Ext): (702)407-3110 FAX (A/C, No): 702-407-3111
E-MAIL ADDRESS: shelly.heibel@lpins.net
PRODUCER CUSTOMER ID: 00004396

INSURER(S) AFFORDING COVERAGE | NAIC #
INSURER A: Travelers Property & Casualty Co of | 25674
INSURER B: Travelers Casualty & Surety of | 19046
INSURER C:
INSURER D:
INSURER E:
INSURER F:

INSURED
Spinnaker Bay Homeowners Association
c/o CDM Management
3650 So. Pointe Circle #117
Laughlin NV 89029

COVERAGES CERTIFICATE NUMBER: 17-18 COPI REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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 | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | COVERED PROPERTY | LIMITS |
|---|---|---|---|---|---|---|
| A | [X] PROPERTY<br>CAUSES OF LOSS: [ ] BASIC [ ] BROAD [X] SPECIAL [ ] EARTHQUAKE [ ] WIND [ ] FLOOD [X] Glass<br>DEDUCTIBLES: BUILDING 5,000; CONTENTS 5,000 | 6807H377046 | 11/23/2017 | 11/23/2018 | [ ] BUILDING<br>[ ] PERSONAL PROPERTY<br>[ ] BUSINESS INCOME<br>[ ] EXTRA EXPENSE<br>[ ] RENTAL VALUE<br>[X] BLANKET BUILDING<br>[ ] BLANKET PERS PROP<br>[ ] BLANKET BLDG & PP | $<br>$<br>$<br>$<br>$<br>$ 20,889,520<br>$<br>$ |
| | [ ] INLAND MARINE<br>CAUSES OF LOSS: [ ] NAMED PERILS | TYPE OF POLICY<br>POLICY NUMBER | | | | $ |
| A | [X] CRIME<br>TYPE OF POLICY | 6807H377046 | 11/23/2017 | 11/23/2018 | [X] Limit<br>[X] Deductible | $ 250,000<br>$ 1,000 |
| | [ ] BOILER & MACHINERY / EQUIPMENT BREAKDOWN | | | | | $ |
| B | Excess Crime | 105523702 | 1/19/2017 | 1/19/2018 | [X] Limit<br>[X] Deductible | $ 200,000<br>$ 250,000 |

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Verification of insurance

CERTIFICATE HOLDER

CDM Management
3650 So. Pointe Circle #117
Laughlin, NV 89029-0000

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

Greg Pike/KEVIND


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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/2/2017

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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).

| PRODUCER | CONTACT NAME: Shelly Heibel |
|---|---|
| L/P Insurance Services, Inc.<br>8925 W. Russell Road #220<br>Las Vegas NV 89148 | PHONE (A/C, No, Ext): (702) 407-3110 FAX (A/C, No): 702-407-3111<br>E-MAIL ADDRESS: shelly.heibel@lpins.net |

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A: Travelers Property & Casualty Co of | 25674 |
| INSURER B: Travelers Indemnity Co | 25658 |
| INSURER C: Amtrust Ins Co of KS | 15954 |
| INSURER D: Travelers Casualty & Surety of | 19046 |
| INSURER E: | |
| INSURER F: | |

INSURED
Spinnaker Bay Homeowners Association
c/o CDM Management
3650 So. Pointe Circle #117
Laughlin NV 89029

**COVERAGES** CERTIFICATE NUMBER: 17-18 GL 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 | X COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE [X] OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>X POLICY [ ] PRO-JECT [ ] LOC<br>OTHER: | | | 6807H377046 | 11/23/2017 | 11/23/2018 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG | $ 1,000,000<br>$ 300,000<br>$ 5,000<br>$ 1,000,000<br>$ 2,000,000<br>$ 2,000,000 |
| A | AUTOMOBILE LIABILITY<br>ANY AUTO<br>ALL OWNED AUTOS<br>X HIRED AUTOS<br>SCHEDULED AUTOS<br>X NON-OWNED AUTOS | | | 6807H377046 | 11/23/2017 | 11/23/2018 | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $ 1,000,000<br>$<br>$<br>$ |
| B | UMBRELLA LIAB [ ] OCCUR<br>X EXCESS LIAB [ ] CLAIMS-MADE<br>DED X RETENTION $ 5,000 | | | CUP1691T98A | 11/23/2017 | 11/23/2018 | EACH OCCURRENCE<br>AGGREGATE | $ 1,000,000<br>$ 1,000,000 |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: Y N/A<br>If yes, describe under DESCRIPTION OF OPERATIONS below | | | KWC1108106 | 11/23/2017 | 11/23/2018 | X PER STATUTE X OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | $ 1,000,000<br>$ 1,000,000<br>$ 1,000,000 |
| D | Directors & Officers | | | 105523702 | 1/19/2017 | 1/19/2018 | Limit | $1,000,000 |

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

**CERTIFICATE HOLDER**

CDM Management
3650 South Pointe Circle
Ste. 117
Laughlin, NV 89029

**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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