



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/25/2025

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).

PRODUCER Prendiville Insurance Agency 24661 Del Prado, Suite 3 License #0740433 Dana Point CA 92629	CONTACT NAME: PHONE (A/C No. Ext): (949) 487-9696		FAX (A/C No.): (949) 487-9626
	E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A: Philadelphia Indemnity Ins. Co.			18058
INSURER B: Travelers Casualty and Surety			19038
INSURER C: Greenwich Insurance Company			22322
INSURER D: Spinnaker Specialty Insurance			17045
INSURER E: Northfield Insurance Company			27987
INSURER F: PMA Companies, Inc.			12262

COVERAGES JK **CERTIFICATE NUMBER:** Cert ID 39962 (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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> *D&O is Claims Made <input checked="" type="checkbox"/> D&O Retention \$10000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2705730-001 B) D&O: 108136453 D&O Limit: \$1,000,000	10/01/2025 10/01/2025	10/01/2026 10/01/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 CGL Deductible: \$ 100,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2705730-001	10/01/2025	10/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Commercial Auto \$ 1,000,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ N/A			PPP7475883L25A-05	10/01/2025	10/01/2026	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
D	Cyber Liability			FLY-CB-T154DA3GU-004	10/01/2025	10/01/2026	Cyber Liability Deductible: \$2,500 \$ 2,000,000
A	Property, Replacement Cost			PHPK2705730-001	10/01/2025	10/01/2026	Prop. Ded: \$10,000; \$50,000 Water \$ 706,894,250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Effective Date for All Policies: 10/01/2025-10/01/2026. E) Pesticide Liability Policy# WS651546; Limit: \$1,000,000 Per Occurrence; Deductible: \$1,000. Fidelity Bond Total Limit: \$18,000,000. Bond Breakdown: F) Primary Bond Policy #4125011490655Y: Limit: \$6,000,000; Deductible: \$25,000. Excess Bond Carriers: G) Hanover Insurance Co: Policy #Pending; Limit: \$7,000,000; B) Travelers Casualty & Surety Policy# Pending; Limit: \$5,000,000; Association has 1,422 Units. Bare Walls Coverage Applies. Building limit Covers Only 1,354 Units, 524 Buildings.
 Building Ordinance Coverage:
 A (Undamaged)= Included; B (Demolition) & C (Increased Cost of Construction)= \$1,000,000 (Each).
 *CANCELLATION: 30 DAY NOTICE, EXCEPT 10 DAY NOTICE FOR NON-PAYMENT OF PREMIUM.

CERTIFICATE HOLDER PGA West Residential Association, Inc. c/o Board of Directors 54-320 Southern Hills La Quinta CA 92253	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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