

CERTIFICATE OF LIABILITY INSURANCE

CARLI-4 OP ID: MT

DATE (MM/DD/YYYY) 03/30/2017

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.

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 LaBarre/Oksnee Insurance SM License # 0C84283 30 Enterprise #180 Aliso Viejo, CA 92656 Scott McCune | | CONTACT NAME: LaBarre/Oksnee Insurance | | | | | |
|--|---|--|--------|--|--|--|--|
| | | INSURER(S) AFFORDING COVERAGE | NAIC # | | | | |
| | | INSURER A: Philadelphia Indemnity Ins. Co | 18058 | | | | |
| INSURED | Carlisle H.O.A. c/o Complete Assoc Mgmt Co P.O. Box 400518 Las Vegas, NV 89140 | INSURER B: Great American Insurance Co. | 16691 | | | | |
| | | INSURER C: PMA Insurance Group | 12262 | | | | |
| | | INSURER D: Liberty Mutual Insurance | 23043 | | | | |
| | 240 Voguo, IVV 00140 | 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 | | TYPE OF INSURANCE | ADDL INSD | | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s | |
|-------------|---|----------------------------------|--------------|----------------|----------------|----------------------------|----------------------------|---|----|------------|
| Α | Х | COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE | \$ | 1,000,000 |
| | | CLAIMS-MADE X OCCUR | X | | PHPK1632385 | 03/31/2017 | 03/31/2018 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 100,000 |
| В | X | D&O: \$1,000,000 | | | EPP1497886-07 | 03/31/2017 | 03/31/2018 | MED EXP (Any one person) | \$ | 5,000 |
| | | D&O ded: \$15,000 | | | CLAIMS MADE | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | GEN | N'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | | POLICY PRO- JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 |
| | | OTHER: | | | | | | | \$ | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 |
| Α | | ANY AUTO | | | PHPK1632385 | 03/31/2017 | 03/31/2018 | BODILY INJURY (Per person) | \$ | |
| | | ALL OWNED SCHEDULED AUTOS AUTOS | | | | | | BODILY INJURY (Per accident) | \$ | |
| | X | HIRED AUTOS X NON-OWNED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | | | \$ | |
| | Х | UMBRELLA LIAB X OCCUR | | | | | | EACH OCCURRENCE | \$ | 5,000,000 |
| В | | EXCESS LIAB CLAIMS-MADE | | | UM30089172 | 03/31/2017 | 03/31/2018 | AGGREGATE | \$ | 5,000,000 |
| | | DED RETENTION \$ | | | | | | | \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | PER X OTH- | | |
| С | | | N/A | 2017010547851Y | 2017010547851Y | 03/31/2017 | 03/31/2018 | E.L. EACH ACCIDENT | \$ | 1,000,000 |
| | | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 |
| | | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 |
| Α | Pro | perty | | | PHPK1632385 | 03/31/2017 | 03/31/2018 | 10,000Ded | | 37,374,014 |
| D | Fide | elity Bond | | | CAC002276-0611 | 03/31/2017 | 03/31/2018 | 10,000Ded | | 1,500,000 |
| | | | | | | | | | | |

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

Association has 274 units located in Las Vegas, NV. Property coverage is Single Entity (walls-in excluding improvements), Special Form coverage. Includes Guaranteed Replacement Cost, \$1,000,000 Building Ordinance or Law Coverage, and Severability of Interest, Equipment breakdown. Property Management is Additional Insured GL, D&O, and Fidelity Bond.

| CERTIFICATE HOLDER | CANCELLATION |
|-------------------------------|--|
| CAMCOLV CAMCO P.O. Box 400518 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| Las Vegas, NV 89140 | AUTHORIZED REPRESENTATIVE Scott McCune |