



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/12/2025

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).

PRODUCER Cline Agency Insurance Brokers 12400 Wilshire Blvd Ste 280 Los Angeles CA 90025	CONTACT NAME: EOI Direct eoidirect.com	
	PHONE (A/C, No, Ext): (877) 456-3643 FAX (A/C, No):	
INSURED Oakmore Homes Association c/o Board of Directors P.O. Box 27321 Oakland CA 94602	E-MAIL ADDRESS: help@eoidirect.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: United States Liability	
	INSURER B: Philadelphia Indemnity Insuran	
	INSURER C: Accredited Surety & Casualty Co	
	INSURER D: INSURER E: INSURER F:	

COVERAGES RE CERTIFICATE NUMBER: Cert ID 50499 (2) **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 type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:	NPP024F4559	03/07/2025	03/07/2026	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				\$ INCLUDED				
AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY	SCHEDULED AUTOS NON-OWNED AUTOS ONLY				COMBINED SINGLE LIMIT (Ea accident)	\$			
					BODILY INJURY (Per person)	\$			
					BODILY INJURY (Per accident)	\$			
					PROPERTY DAMAGE (Per accident)	\$			
						\$			
						\$			
UMBRELLA LIAB EXCESS LIAB	OCCUR CLAIMS-MADE				EACH OCCURRENCE	\$			
					AGGREGATE	\$			
						\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE	OTHR-			
					E.L. EACH ACCIDENT	\$			
					E.L. DISEASE - EA EMPLOYEE	\$			
					E.L. DISEASE - POLICY LIMIT	\$			
						\$			
						\$			
B	Fidelity/Crime			PCAC0206010224	03/07/2025	03/07/2026	\$1,000 Ded.	\$ 25,000	
C	Directors & Officers			1SKNCA01538298	03/07/2025	03/07/2026	\$5,000 Ded.	\$ 1,000,000	

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

By stated contract, Matthew C. Weisman is additionally insured per policy forms and conditions.

CERTIFICATE HOLDER

CANCELLATION

PROOF OF INSURANCE - Weisman

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