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ACORD	CERTIFICATE OF LIA	ABILITY INS	SURAN	CE		(MM/DD/YYYY) 19/2024
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 Spokane Office Marsh McLennan Agency LLC 501 N. Riverpoint Blvd., Ste 403	CONTACT NAME: PHONE (A/C, No, Ext): (509) 838-3501 E-MAIL ADDRESS: FAX (A/C, N			_{No):} (866) 226-3738		
Spokane, WA 99202		INSURER(S) AFFORDING COVERAGE				NAIC #
	INSURER A : Philadelphia Indemnity Insurance Company				18058	
INSURED Westwood Village Homeov	INSURER B :					
Association Inc	INSURER C : INSURER D :					
PO Box 1941 Sandpoint, ID 83864	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 SUBR INSD WVD POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMI	тѕ	
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	PHPK2642646	1/10/2024	1/10/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000
	-			MED EXP (Any one person)	\$	5,000
	-			PERSONAL & ADV INJURY	\$	2,000,000
				GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$	2,000,000
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO				BODILY INJURY (Per person)	\$	
OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY				BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
A X UMBRELLA LIAB X OCCUR				EACH OCCURRENCE	\$	3,000,000
EXCESS LIAB CLAIMS-MAD DED X RETENTION \$ 10,00		1/10/2024	1/10/2025	AGGREGATE	\$ \$	3,000,000
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N				PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. EACH ACCIDENT	\$	
If ves, describe under				E.L. DISEASE - EA EMPLOYER		
A Crime	PHPK2642646	1/10/2024	1/10/2025	E.L. DISEASE - POLICY LIMIT Employee Dishonesty		100,000
A Directors & Officers	PHPK2642646	1/10/2024	1/10/2025	Aggregate		100,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						
CERTIFICATE HOLDER		CANCELLATION				
Westwood Village Homeow PO Box 1941 Sandpoint, ID 83864	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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