

CERTIFICATE OF LIABILITY INSURANCE

SM0TASKFORCE

CAUGRAN-02

DATE (MM/DD/YYYY)

					ADIL		DURAN	UE	9/	24/2024	
E	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	MPORTANT: If the certificate holde f SUBROGATION IS WAIVED, subje his certificate does not confer rights t	ct to	the	terms and conditions of	the po	licy, certain	policies may				
PRC	DUCER				CONTA NAME:	СТ					
534	suredPartners of NV, LLC 0 Kietzke Lane Ste 201 10, NV 89511					o, Ext): (775) 8	329-2345	FAX (A/C, No	:(775)	827-7090	
						INS	SURER(S) AFFO	RDING COVERAGE		NAIC #	
								nnity Ins Co		18058	
INS	URED							urance Company	_	40517	
	Caughlin Ranch Homeowne	rs						ontinental Casualty	Co	20443	
	1070 Caughlin Crossing Reno, NV 89519-0684					RD:Lloyd's	of London				
					INSURE						
	VERAGES CER	-	~ A T I	E NUMBER:	INSURE	RF:					
	HIS IS TO CERTIFY THAT THE POLICI				HAVE B	FEN ISSUED		REVISION NUMBER:			
	NDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQU PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITION , THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRA	CT OR OTHER	R DOCUMENT WITH RESP BED HEREIN IS SUBJECT	ECT TO	WHICH THIS	
INSR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS		
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			PHPK2609049		10/1/2024	10/1/2025	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	
	X POLICY PRO- JECT LOC OTHER:							PRODUCTS - COMP/OP AGG	\$		
A	AUTOMOBILE LIABILITY							(Ea accident)	\$	1,000,000	
				PHPK2609049		10/1/2024	10/1/2025	BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY HIPED							BODILY INJURY (Per accident			
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
A	X UMBRELLA LIAB X OCCUR								\$	4,000,000	
	EXCESS LIAB CLAIMS-MADE			PHUB883861		10/1/2024	10/1/2025	EACH OCCURRENCE	\$	4,000,000	
	DED X RETENTION \$ 10,000							AGGINEGATE	\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH- STATUTE ER	Ψ		
				3501935		1/1/2024	/2024 1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A						E.L. DISEASE - EA EMPLOYE	Е\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
С	Directors & Officers			618932266		10/1/2024	10/1/2025	Employee Theft		2,250,000	
D	Commercial Earthquak			27-7500139835-S-05		5/1/2024	5/1/2025	Building		800,000	
- Cr the Pro-	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC rectors & Officers (10/01/2024-10/01/202 ime - Employee Dishonesty (10/01/2024 premises: \$5,000 / Money Orders and C of of Insurance. **See below for Earthqu nmercial Earthquake - 27-7500139835-S- ATTACHED ACORD 101	-10/0 ⁻ ounte lake	1/202 erfeit cover	5 - PHPK2609049) Money a Paper Currency: \$5,000 / K rage**	and Sec	urities - insid	le the premis	es: \$5.000 / Money and \$)0 Securitie	אs - outside	
CE	RTIFICATE HOLDER				CANC	ELLATION					
	Insured's Copy				THE	EXPIRATIO	N DATE TH	DESCRIBED POLICIES BE (IEREOF, NOTICE WILL CY PROVISIONS.			
						AUTHORIZED REPRESENTATIVE					

ACORD 25 (2016/03)

AGENCY CUSTOMER ID: CAUGRAN-02



LOC #: 0

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ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED				
AssuredPartners of NV, LLC	Caughlin Ranch Homeowners 1070 Caughlin Crossing					
POLICY NUMBER	Reno, NV 89519-0684					
SEE PAGE 1						
CARRIER	NAIC CODE					
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1				
ADDITIONAL REMARKS						

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

1070 Caughlin Crossing, Reno, NV 89519

Building Limit (A): \$800,000.00 / Business Personal Property (B) & Tenant Improvements & Betterments (C): \$135,000.00 Earthquake Deductible: 2.00% of the Coverage (A) Total Insured Value. 2.00% of the Coverage (B) plus Coverage (C) Total Insured Value.

All other causes of Loss deductible: \$25,000

1050 Caughlin Crossing, Reno, NV 89519

Building Limit (A): \$180,000.00 / Business Personal Property (B) & Tenant Improvements & Betterments (C): \$135,000.00 Earthquake Deductible: 2.00% of the Coverage (A) Total Insured Value. 2.00% of the Coverage (B) plus Coverage (C) Total Insured Value.

All other causes of Loss deductible: \$25,000



CERTIFICATE OF LIABILITY INSURANCE

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CAUGRAN-02

DATE (MM/DD/YYYY)

			11		ADIL		UNAN		9/	24/2024
C B	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.									
lf	MPORTANT: If the certificate holde SUBROGATION IS WAIVED, subje his certificate does not confer rights t	ct to	the	terms and conditions of	the po	licy, certain	policies may			
PRO	DUCER				CONTA NAME:	ст				
	uredPartners of NV, LLC					o, Ext): (775) 8	329-2345	FAX	775)	827-7090
	0 Kietzke Lane Ste 201 lo, NV 89511				E-MAIL ADDRE	<u>, Ext). (0) 0</u>		(A/C, NO). (,	
					ADDRE			RDING COVERAGE		NAIC #
					INCLIDE			nnity Ins Co		18058
	JRED						-	urance Company		40517
								ontinental Casualty C		20443
	Caughlin Ranch Homeowne 1070 Caughlin Crossing	rs				RD:Lloyd's			0	20443
	Reno, NV 89519-0684									
					INSURE					
	VED 4 0 E 0	TIEL	T		INSURE	KF:				
	VERAGES CER HIS IS TO CERTIFY THAT THE POLICI			ENUMBER:				REVISION NUMBER:		
	IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	equ Per Poli	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY	CT OR OTHER IES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	СТ ТО	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
A	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			PHPK2609049		10/1/2024	10/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$\$	2,000,000
Α								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			PHPK2609049		10/1/2024	10/1/2025	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS								\$	
	HIRED HIREDS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONEY AUTOS ONEY								\$	
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	4,000,000
	EXCESS LIAB CLAIMS-MADE			PHUB883861		10/1/2024	10/1/2025	AGGREGATE	<u>φ</u> \$	4,000,000
	DED X RETENTION \$ 10,000	-						AGGREGATE	<u>э</u> \$	
В	WORKERS COMPENSATION							X PER OTH- STATUTE ER	φ	
				3501935		1/1/2024	1/1/2025			1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A						E.L. EACH ACCIDENT	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE		1,000,000
С	DESCRIPTION OF OPERATIONS below Directors & Officers			618932266		10/1/2024	10/1/2025	E.L. DISEASE - POLICY LIMIT Employee Theft	\$	2,250,000
D	Commercial Earthquak			27-7500139835-S-05		5/1/2024	5/1/2025	Building		800,000
				21-1300133033-3-03		5/1/2024	5/1/2025	Building		000,000
- Cri the	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ectors & Officers (10/01/2024-10/01/202 me - Employee Dishonesty (10/01/2024 premises: \$5,000 / Money Orders and C of of Insurance.	-10/0 ⁻	1/202	5 - PHPK2609049) Money a	and Sec	urities - insid	e the premis	es: \$5,000 / Money and Se		≫s - outside
CE	RTIFICATE HOLDER				CANC	ELLATION				
	INSURED'S COPY				THE	EXPIRATIO	N DATE TH	DESCRIBED POLICIES BE CA HEREOF, NOTICE WILL I CY PROVISIONS.		
						RIZED REPRESE	,			

ACORD 25 (2016/03)

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CAUGRAN-02

	EF	RLI	FICATE OF LIABIL	ITY INS	SURAN	CE		(MM/DD/YYYY) /24/2024
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	IVEL SURA	Y O	R NEGATIVELY AMEND, EXTE E DOES NOT CONSTITUTE A	END OR ALT	ER THE CO	OVERAGE AFFORDED	BY TH	IE POLICIES
IMPORTANT: If the certificate holde If SUBROGATION IS WAIVED, subje this certificate does not confer rights t	ct to	the	terms and conditions of the po	licy, certain	policies may			
PRODUCER	0 110	0011	CONTA NAME:		•			
AssuredPartners of NV, LLC				e, Ext): (775) 8	329-2345	FAX		827-7090
5340 Kietzke Lane Ste 201 Reno, NV 89511			E-MAIL ADDRE	0, EXI): (110) ((A/C, NC	<u>, (110)</u>	021 1000
								NAIC #
			INSUR			nnity Ins Co		18058
INSURED						Irance Company		40517
Caughlin Ranch Homeowne	rs					ontinental Casualty	Со	20443
1070 Caughlin Crossing	10		INSURE			_		
Reno, NV 89519-0684			INSURE					-
			INSURE					
COVERAGES CER		CATI	E NUMBER:			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQUI PER	REM TAIN	ENT, TERM OR CONDITION OF A , THE INSURANCE AFFORDED B	ANY CONTRA Y THE POLIC	CT OR OTHEF	R DOCUMENT WITH RES	PECT TC	WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL	SUBF		POLICY EFF	POLICY EXP (MM/DD/YYYY)		IITS	
A X COMMERCIAL GENERAL LIABILITY	INSD					EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE X OCCUR			PHPK2609049	10/1/2024	10/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
						MED EXP (Any one person)	\$	5,000
						PERSONAL & ADV INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGO		2,000,000
						COMBINED SINGLE LIMIT	\$	1,000,000
			PHPK2609049	10/1/2024	10/1/2025	(Ea accident)	\$	
ANY AUTO OWNED AUTOS ONLY AUTOS			F HF K2003043	10/1/2024	10/1/2025	BODILY INJURY (Per person)		
AUTOS ONLY AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						BODILY INJURY (Per accider PROPERTY DAMAGE (Per accident)		
AUTOS ONLY AUTOS ONLY						(Per accident)	\$	
A X UMBRELLA LIAB X OCCUR							\$	4,000,000
			PHUB883861	10/1/2024	10/1/2025		\$	4,000,000
DED X RETENTION \$ 10,000	_					AGGREGATE	\$	
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER	•	
			3501935	1/1/2024	1/1/2025	STATUTE ER E.L. EACH ACCIDENT	\$	1,000,000
OFFICER/MEMBER EXCLUDED?	N / A					E.L. DISEASE - EA EMPLOYI		1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMI		1,000,000
C Directors & Officers			618932266	10/1/2024	10/1/2025	Employee Theft	<u>і ф</u>	2,250,000
A Equipment Floater			PHPK2609049	10/1/2024	10/1/2025	Misc. Equip.		400,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) - Directors & Officers (10/01/2024-10/01/2025 - 618932266) Maximum Aggregate Limit of Liability: \$1,000,000 / Retention: per claim: \$50,000 - Crime - Employee Dishonesty (10/01/2024-10/01/2025 - PHPK2609049) Money and Securities - inside the premises: \$5,000 / Money and Securities - outside the premises: \$5,000 / Money Orders and Counterfeit Paper Currency: \$5,000 / Kidnap and Ransom - Extortion: \$25,000 Proof of Insurance. Liability for Common Areas.								
CERTIFICATE HOLDER			CAN	CELLATION				

	CANCELLATION
MaryAnn S. Michels 3170 Wedgewood Ct Reno, NV 89509	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
	Chin york



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CAUGRAN-02

DATE	(MM/DD/YYYY)	
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	C		C	EF	RLI	FICATE OF LIA	ABILITY	' INS	SURAN	CE	9/	/24/2024
	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.											
	f SU	BROGATION IS V	VAIVED, subje	ct to	the	DITIONAL INSURED, the terms and conditions of ificate holder in lieu of su	the policy, c	ertain	policies may			
	ODUCE						CONTACT NAME:		•			
53	10 Ki	dPartners of NV, LL etzke Lane Ste 201 IV 89511					PHONE (A/C, No, Ext): E-MAIL ADDRESS:	(775) 8	829-2345	FAX (A/C, No)	(775)	827-7090
	-,						ADDITEOU.	INS	URER(S) AFFOI	RDING COVERAGE		NAIC #
							INSURER A : P	hilade	Iphia Inder	nnity Ins Co		18058
INS	URED						INSURER B : W	VCF Na	ational Insu	Irance Company		40517
			nch Homeowne	rs			INSURER C : C	NA In	surance (C	ontinental Casualty (Co	20443
		1070 Caughli Reno, NV 895					INSURER D :					
			10-0004				INSURER E :					
							INSURER F :					
		RAGES				E NUMBER: SURANCE LISTED BELOW F				REVISION NUMBER:		
	NDIC.	ATED. NOTWITHST IFICATE MAY BE IS	ANDING ANY R	EQU	REMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF ANY C DED BY THE	ONTRA POLIC	CT OR OTHER	R DOCUMENT WITH RESP ED HEREIN IS SUBJECT	ECT TC	WHICH THIS
INS LTI		TYPE OF INSUR			SUBR WVD				POLICY EXP (MM/DD/YYYY)		тѕ	
A		COMMERCIAL GENER				PHPK2609049		/2024	10/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 100,000
										MED EXP (Any one person)	\$	5,000
										PERSONAL & ADV INJURY	\$	1,000,000
		N'L AGGREGATE LIMIT A	PPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT OTHER:	LOC							PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
A	~~									COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X					PHPK2609049	10/1	10/1/2024 10/1/2	10/1/2025	BODILY INJURY (Per person)	\$	
		OWNED AUTOS ONLY HIRED AUTOS ONLY	SCHEDULED AUTOS NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident PROPERTY DAMAGE (Per accident)) \$ \$	
											\$	4,000,000
A	X					PHUB883861	10/1	/2024	10/1/2025	EACH OCCURRENCE	\$	4,000,000
		EXCESS LIAB	CLAIMS-MADE				10/1	/2024	10/1/2020	AGGREGATE	\$	4,000,000
В		RKERS COMPENSATION DEMPLOYERS' LIABILITY	r y/N		3501935		1/1/	1/1/2024 1/1/2025	1/1/2025	X PER OTH- STATUTE ER	\$	1,000,000
	OFF (Ma	PROPRIETOR/PARTNER CER/MEMBER EXCLUDE	D?	N / A			11 11 2024		E.L. EACH ACCIDENT	\$	1,000,000	
		es, describe under								E.L. DISEASE - EA EMPLOYE E.L. DISEASE - POLICY LIMIT		1,000,000
C		ectors & Officers				618932266	10/1	/2024	10/1/2025	Employee Theft	φ	2,250,000
A	Equ	uipment Floater				PHPK2609049	10/1	/2024	10/1/2025	Misc. Equip.		400,000
- D - C the Pro	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACOD 101, Additional Remarks Schedule, may be attached if more space is required) - Directors & Officers (10/01/2024-10/01/2025 - 618932266) Maximum Aggregate Limit of Liability: \$1,000,000 / Retention: per claim: \$50,000 - Crime - Employee Dishonesty (10/01/2024-10/01/2025 - PHPK2609049) Money and Securities - inside the premises: \$5,000 / Money and Securities - outside the premises: \$5,000 / Money Orders and Counterfeit Paper Currency: \$5,000 / Kidnap and Ransom - Extortion: \$25,000 Proof of Insurance. RE: Caughlin Ranch Homeowners Association: 3138 Oakshire Ct., Reno NV 89519.											
CI	RTI	FICATE HOLDER					CANCELL	ATION				
		Mason-McDu 6566 S. McCa Suite B Reno, NV 895		orpc	oratio	n	THE EXP ACCORDA	NCE WI	N DATE TH TH THE POLIC	ESCRIBED POLICIES BE C IEREOF, NOTICE WILL Y PROVISIONS.		
							AUTHORIZED REPRESENTATIVE					

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DATE (MM/DD/YYYY)
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CAUGRAN-02

			;EF	RLI	FICATE OF LIA	ABIL	ITY INS	SURAN	CE	9/	24/2024
	CER BEL	S CERTIFICATE IS ISSUED AS A TIFICATE DOES NOT AFFIRMAT OW. THIS CERTIFICATE OF IN RESENTATIVE OR PRODUCER, A	IVEL SUR/	Y OI	R NEGATIVELY AMEND, E DOES NOT CONSTITU	, EXTE	ND OR ALT	ER THE CO	OVERAGE AFFORDED	TE HO BY TH	LDER. THIS E POLICIES
	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).										
						CONTA NAME:		•			
		edPartners of NV, LLC Jietzke Lane Ste 201					o, Ext): (775) 8	329-2345	FAX (A/C. No):	(775)	827-7090
		NV 89511				E-MAIL	SS:				
							INS	URER(S) AFFO	RDING COVERAGE		NAIC #
								-	nnity Ins Co		18058
IN	SURE	D							Irance Company		40517
		Caughlin Ranch Homeowne 1070 Caughlin Crossing	rs					surance (C	ontinental Casualty C	0	20443
		Reno, NV 89519-0684				INSURE					
						INSURE					
C	OVE	RAGES CER	TIFI	CATE	E NUMBER:				REVISION NUMBER:		
		IS TO CERTIFY THAT THE POLICII CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH	EQU PER	IREM TAIN,	ENT, TERM OR CONDITIO	N OF A DED BY	NY CONTRA	CT OR OTHER	R DOCUMENT WITH RESP	ECT TO	WHICH THIS
INS LT	R R	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs	
	X	CLAIMS-MADE X OCCUR			PHPK2609049		10/1/2024	10/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000
									MED EXP (Any one person)	\$	5,000 1,000,000
									PERSONAL & ADV INJURY	\$	2,000,000
	GI								GENERAL AGGREGATE	\$	2,000,000
	ŕ								PRODUCTS - COMP/OP AGG	\$ \$	_,,
A	- AI								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X				PHPK2609049		10/1/2024	10/1/2025	BODILY INJURY (Per person)	\$	
		AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$	
	x	UMBRELLA LIAB X OCCUR								\$	4,000,000
		EXCESS LIAB CLAIMS-MADE			PHUB883861		10/1/2024	10/1/2025	EACH OCCURRENCE	\$ \$	4,000,000
		DED X RETENTION \$ 10,000								\$	
E		ORKERS COMPENSATION ID EMPLOYERS' LIABILITY IY PROPRIETOR/PARTNER/EXECUTIVE			3501935		1/1/2024 1/1/2025	1/1/2025	X PER STATUTE OTH- ER E.L. EACH ACCIDENT	\$	1,000,000
		FICER/MEMBER EXCLUDED?	N / A						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉ	/es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
C		rectors & Officers			618932266		10/1/2024	10/1/2025	Employee Theft		2,250,000
A	EC	quipment Floater			PHPK2609049		10/1/2024	10/1/2025	Misc. Equip.		400,000
- C the Ev Ka 31	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) - Directors & Officers (10/01/2024-10/01/2025 - 618932266) Maximum Aggregate Limit of Liability: \$1,000,000 / Retention: per claim: \$50,000 - Crime - Employee Dishonesty (10/01/2024-10/01/2025 - PHPK2609049) Money and Securities - inside the premises: \$5,000 / Money and Securities - outside the premises: \$5,000 / Money Orders and Counterfeit Paper Currency: \$5,000 / Kidnap and Ransom - Extortion: \$25,000 Evidence of Master HOA coverage. Karen Lorenzo and Leo Johnson 3199 Oakshire Court SEE ATTACHED ACORD 101										
C	ERT	IFICATE HOLDER				CANC	ELLATION				
		One Nevada Credit Union PO BOX 71707 Las Vegas, NV 89170-1707				THE	EXPIRATIO	N DATE TH	ESCRIBED POLICIES BE C IEREOF, NOTICE WILL CY PROVISIONS.		
	Las Vegas, NV 89170-1707					RIZED REPRESE					

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AGENCY	CUSTOMER ID:	CAUGRAN-02
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LOC #: 0

Page 1 of 1

ADDITIONAL	REMARKS	SCHEDULE
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AGENCY AssuredPartners of NV, LLC		NAMED INSURED Caughlin Ranch Homeowners
POLICY NUMBER		1070 Caughlin Crossing Reno, NV 89519-0684
SEE PAGE 1		
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles: Reno, NV 89509 Loan # 2107966



CERTIFICATE OF LIABILITY INSURANCE

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DATE (MM/DD/YYYY)

			11		ADIL		UNAN		9/	/24/2024
C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF IN EPRESENTATIVE OR PRODUCER, A	IVEL SUR/	Y OI ANCE	R NEGATIVELY AMEND, DOES NOT CONSTITU	, EXTE	ND OR ALT	ER THE CO	OVERAGE AFFORDED	BY TH	IE POLICIES
lf	MPORTANT: If the certificate holde SUBROGATION IS WAIVED, subje his certificate does not confer rights t	ct to	the	terms and conditions of	the pol	icy, certain porsement(s)	policies may			
PRO	DUCER				CONTAC NAME:	ст				
	uredPartners of NV, LLC					, _{Ext):} (775) 8	29-2345	FAX (A/C, No):	(775)	827-7090
Ren	0 Kietzke Lane Ste 201 lo, NV 89511				E-MAIL	<u>,, ,</u>		· (· , · · -)		
					7122112			RDING COVERAGE		NAIC #
								nnity Ins Co		18058
	JRED							Irance Company		40517
								ontinental Casualty C	`^	20443
	Caughlin Ranch Homeowne 1070 Caughlin Crossing	ers					sulance (C		0	20445
	Reno, NV 89519-0684				INSURE					+
					INSURE					
					INSURE	RF:				
				ENUMBER:				REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESP	ЕСТ ТО	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)		LIMI	TS	
A	X COMMERCIAL GENERAL LIABILITY	11130						EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			PHPK2609049		10/1/2024	10/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
						10/ 1/2024	10/1/2020			5,000
	<u> </u>							MED EXP (Any one person)	\$	1,000,000
								PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
								PRODUCTS - COMP/OP AGG	\$, ,
A								COMBINED SINGLE LIMIT	\$ \$	1,000,000
				PHPK2609049		10/1/2024	10/1/2025	(Ea accident)	1	
	OWNED AUTOS ONLY SCHEDULED AUTOS			111112003043	10/	10/1/2024	10/1/2025	BODILY INJURY (Per person)	\$	
	AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)		
								(Per accident)	\$	
A	X UMBRELLA LIAB X OCCUR								\$	4,000,000
	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE			PHUB883861		10/1/2024	10/1/2025	EACH OCCURRENCE	\$	4,000,000
		_						AGGREGATE	\$.,
В		' 						V PER OTH-	\$	
	AND EMPLOYERS' LIABILITY			3501935		1/1/2024	1/1/2025	X PER OTH- STATUTE ER		1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A		0001000		1/ 1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below			640000000		40/4/2024	10/1/2025	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
C	Directors & Officers			618932266 DUDK2000040		10/1/2024		Employee Theft		2,250,000
A	Equipment Floater			PHPK2609049		10/1/2024	10/1/2025	Misc. Equip.		400,000
- Cri the Proc	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ectors & Officers (10/01/2024-10/01/202 me - Employee Dishonesty (10/01/2024 premises: \$5,000 / Money Orders and C of of Insurance. Contract #0040955653	-10/0 [,]	1/202	5 - PHPK2609049) Money a	and Sec	urities - insid	e the premis	es: \$5,000 / Money and S	0 ecuritie	es - outside
					CANC					
	RTIFICATE HOLDER				CANC	ELLATION				
Pitney Bowes Global Financial Services 27 Waterview Dr Shelton, CT 06484				es	THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE C IEREOF, NOTICE WILL CY PROVISIONS.		
	Shelton, CT 06484				AUTHORIZED REPRESENTATIVE					

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	C		EF	RLI	FICATE OF LIA	ABILITY	INS	SURAN	CE		24/2024
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	If SL	DRTANT: If the certificate holde JBROGATION IS WAIVED, subje certificate does not confer rights t	ct to	the	terms and conditions of	the policy, cer	rtain	policies may			
			• ••••			CONTACT NAME:		,-			
		dPartners of NV, LLC				PHONE (A/C, No, Ext): (7	75)	829-2345	FAX (A/C. No):	(775)	827-7090
		ietzke Lane Ste 201 NV 89511				E-MAIL ADDRESS:					
									RDING COVERAGE		NAIC #
									mnity Ins Co		18058
IN	SURED								urance Company		40517
		Caughlin Ranch Homeowne 1070 Caughlin Crossing	rs				AIN	Isurance (C	ontinental Casualty C	<i>,</i> 0	20443
		Reno, NV 89519-0684				INSURER D :					-
						INSURER F :					-
С	OVE	RAGES CEF	TIFI	CATE	E NUMBER:				REVISION NUMBER:		
	INDIC CERT	IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY F FIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH	PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF ANY COI DED BY THE F BEEN REDUCE	NTRA POLIC D BY	CT OR OTHE CIES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESP BED HEREIN IS SUBJECT	ECT TO	WHICH THIS
INS LT	R	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY (MM/DD/	EFF (YYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs	
	X	COMMERCIAL GENERAL LIABILITY			PHPK2609049	10/1/2	024	10/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000
	-	-							MED EXP (Any one person)	\$	5,000 1,000,000
	-								PERSONAL & ADV INJURY	\$	2,000,000
	GE	EN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREGATE	\$	2,000,000
									PRODUCTS - COMP/OP AGG	\$ \$,,.
1									COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Х				PHPK2609049	10/1/2	024	10/1/2025	BODILY INJURY (Per person)	\$	
		AUTOS ONLY SCHEDULED AUTOS ONLY AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$	
	x	UMBRELLA LIAB X OCCUR								\$	4,000,000
1	` _^	UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE			PHUB883861	10/1/2	024	10/1/2025		\$ \$	4,000,000
	-	DED X RETENTION \$ 10,000	_						AGGREGATE	\$	
E	AN	DRKERS COMPENSATION D EMPLOYERS' LIABILITY			3501935	1/1/2	024	1/1/2025	X PER STATUTE OTH- ER E.L. EACH ACCIDENT	\$	1,000,000
	OF (Ma	Y PROPRIETOR/PARTNER/EXECUTIVE N	N / A						E.L. DISEASE - EA EMPLOYEE		1,000,000
	If y	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		1,000,000
C		rectors & Officers			618932266	10/1/2		10/1/2025	Employee Theft		2,250,000
1	Eq	uipment Floater			PHPK2609049	10/1/2	024	10/1/2025	Misc. Equip.		400,000
- C the Pr	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) - Directors & Officers (10/01/2024-10/01/2025 - 618932266) Maximum Aggregate Limit of Liability: \$1,000,000 / Retention: per claim: \$50,000 - Crime - Employee Dishonesty (10/01/2024-10/01/2025 - PHPK2609049) Money and Securities - inside the premises: \$5,000 / Money and Securities - outside the premises: \$5,000 / Money Orders and Counterfeit Paper Currency: \$5,000 / Kidnap and Ransom - Extortion: \$25,000 Proof of Insurance. RE: BORROWER NAME: Molly T Zurn / ADDRESS: 4279 Water Hole Road, Reno, NV 89519 / Loan #:8200519665.										
c	ERTI	FICATE HOLDER				CANCELLAT					
	CERTIFICATE HOLDER PNC Bank, NA ISAOA/ATIMA P.O. Box 7433					THE EXPIR ACCORDAN	ATIO CE W	IN DATE THE POLI	DESCRIBED POLICIES BE C HEREOF, NOTICE WILL CY PROVISIONS.		
		Springfield, OH 45501				AUTHORIZED REPRESENTATIVE					

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	CER BEL	CERTIFICATE IS ISSUED AS A TIFICATE DOES NOT AFFIRMAT OW. THIS CERTIFICATE OF IN RESENTATIVE OR PRODUCER, A	IVEL SUR/	Y OI	R NEGATIVELY AMEND, E DOES NOT CONSTITU	, EXTE	ND OR ALT	FER THE CO	OVERAGE AFFORDED	ВҮ ТН	E POLICIES	
	If SI	DRTANT: If the certificate holde JBROGATION IS WAIVED, subje certificate does not confer rights t	ct to	the	terms and conditions of	the po	licy, certain	policies may				
F	RODUC					CONTA NAME:		-				
		dPartners of NV, LLC					o, Ext): (775) 8	329-2345	FAX (A/C No):	(775) 8	827-7090	
		ietzke Lane Ste 201 NV 89511				E-MAIL ADDRE	SS:		(AU, NO).	<u> </u>		
								SURER(S) AFFOI	RDING COVERAGE		NAIC #	
						INSURE	RA: Philade	elphia Inder	nnity Ins Co		18058	
1	NSURE	D				INSURE	RB:WCFN	ational Insu	Irance Company		40517	
		Caughlin Ranch Homeowne	rs			INSURE	RC: CNA In	surance (C	ontinental Casualty C	0	20443	
		1070 Caughlin Crossing				INSURE	RD:					
		Reno, NV 89519-0684				INSURE	RE:					
						INSURE	RF:					
_					E NUMBER:				REVISION NUMBER:			
	INDIO CER	IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH	EQU PER	IREM TAIN,	ENT, TERM OR CONDITION	N OF A	NY CONTRA (THE POLIC	CT OR OTHEF	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT 1	ECT TO	WHICH THIS	
IN	ISR TR	TYPE OF INSURANCE		SUBR	2		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	A X	COMMERCIAL GENERAL LIABILITY			PHPK2609049		10/1/2024	10/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 100,000	
									MED EXP (Any one person)	\$	5,000	
									PERSONAL & ADV INJURY	\$	1,000,000	
		EN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X								PRODUCTS - COMP/OP AGG	\$	2,000,000	
	_	OTHER:								\$		
									COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X				PHPK2609049		10/1/2024	10/1/2025	BODILY INJURY (Per person)	\$		
		AUTOS ONLY SCHEDULED AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$		
	A X	UMBRELLA LIAB X OCCUR								\$	4,000,000	
		EXCESS LIAB CLAIMS-MADE			PHUB883861		10/1/2024	10/1/2025		\$ \$	4,000,000	
		DED X RETENTION \$ 10,000							AGGREGATE	\$ \$		
	B wo	ORKERS COMPENSATION							X PER OTH- STATUTE ER	φ		
		ID EMPLOYERS' LIABILITY Y PROPRIETOR/PARTNER/EXECUTIVE			3501935		1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000	
	OF (M	andatory in NH)	N / A						E.L. DISEASE - EA EMPLOYEE	- T	1,000,000	
	lf y DE	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		1,000,000	
	C Di	rectors & Officers			618932266		10/1/2024	10/1/2025	Employee Theft		2,250,000	
	A Ec	quipment Floater			PHPK2609049		10/1/2024	10/1/2025	Misc. Equip.		400,000	
- tł D 3	Crime ne prei videno olores 150 W	PTION OF OPERATIONS / LOCATIONS / VEHIC ors & Officers (10/01/2024-10/01/202 - Employee Dishonesty (10/01/2024 mises: \$5,000 / Money Orders and C ce of Master HOA coverage. s Morabito edgewood Ct TACHED ACORD 101	10/01	1/202	5 - PHPK2609049) Money a	and Sec	urities - insid	le the premis	es: \$5,000 / Money and S		es - outside	
	ERT	IFICATE HOLDER				CAN	ELLATION					
		Shellpoint Mortgage Servici ISAOA/ATIMA PO Box 7050	ng			THE	EXPIRATIO	N DATE TH	ESCRIBED POLICIES BE C IEREOF, NOTICE WILL Y PROVISIONS.			
		Troy, MI 48007				AUTHORIZED REPRESENTATIVE						

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AGENCY CUSTOMER ID: C	AUGRAN-02
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LOC #: 0

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY AssuredPartners of NV, LLC		NAMED INSURED Caughlin Ranch Homeowners 1070 Caughlin Crossing
POLICY NUMBER		Reno, NV 89519-0684
SEE PAGE 1		
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1
		·

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles: Reno, NV 89509 Loan # 70417080024



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C B	ERT	CERTIFICATE IS ISSUED AS A IFICATE DOES NOT AFFIRMAT W. THIS CERTIFICATE OF INS ESENTATIVE OR PRODUCER, AI	IVEL SUR/	Y O	R NEGATIVELY AMEND, E DOES NOT CONSTITU	, EXTEN	ND OR ALT	ER THE CO	OVERAGE AFFORDED	TE HO BY TH	LDER. THIS
lf	SU	RTANT: If the certificate holde BROGATION IS WAIVED, subject ertificate does not confer rights to	ct to	the	terms and conditions of	the poli	cy, certain I	policies may			
	DUCE					CONTAC NAME:					
		Partners of NV, LLC etzke Lane Ste 201				PHONE (A/C, No,	Ext): (775) 8	29-2345	FAX (A/C, No)	: (775)	827-7090
		V 89511				E-MAIL ADDRES	S:				
											NAIC #
									nnity Ins Co		18058
INSU	JRED								irance Company ontinental Casualty (20	40517 20443
		Caughlin Ranch Homeowne 1070 Caughlin Crossing	rs			INSURER		sulance (C		50	20443
		Reno, NV 89519-0684				INSURER					
						INSURER	R F :				
					E NUMBER:				REVISION NUMBER:		
	IDIC.	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY	EQU PER	IREM TAIN	ENT, TERM OR CONDITION , THE INSURANCE AFFOR	N OF AN DED BY	NY CONTRAC THE POLICI	CT OR OTHER	R DOCUMENT WITH RESP ED HEREIN IS SUBJECT	ECT TO	OWHICH THIS
		JSIONS AND CONDITIONS OF SUCH		CIES.	2	BEEN RI	EDUCED BY I	PAID CLAIMS. POLICY EXP			
	X	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000
		CLAIMS-MADE X OCCUR			PHPK2609049		10/1/2024	10/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	100,000
									MED EXP (Any one person)	\$	5,000
									PERSONAL & ADV INJURY	\$	1,000,000
		VL AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
Α		OTHER:							COMBINED SINGLE LIMIT	\$	1,000,000
	X	OMOBILE LIABILITY			PHPK2609049	10/1/2024	10/1/2025	(Ea accident) BODILY INJURY (Per person)	\$.,,	
		OWNED SCHEDULED AUTOS					10/1/2024		BODILY INJURY (Per accident		
		HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
A	x	UMBRELLA LIAB X OCCUR								\$	4,000,000
	^	EXCESS LIAB CLAIMS-MADE			PHUB883861		10/1/2024	10/1/2025	EACH OCCURRENCE	\$	4,000,000
		DED X RETENTION \$ 10,000							AGGREGATE	\$	
В	WO	RKERS COMPENSATION EMPLOYERS' LIABILITY							X PER OTH- STATUTE ER	Ţ.	
		PROPRIETOR/PARTNER/EXECUTIVE N Idatory in NH)	N / A		3501935	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000	
									E.L. DISEASE - EA EMPLOYE	E \$	1,000,000
c		s, describe under CRIPTION OF OPERATIONS below			618932266		10/1/2024	10/1/2025	E.L. DISEASE - POLICY LIMIT Employee Theft	\$	2,250,000
A		lipment Floater			PHPK2609049		10/1/2024		Misc. Equip.		400,000
		•									
DES	CRIP	TION OF OPERATIONS / LOCATIONS / VEHIC rs & Officers (10/01/2024-10/01/202	LES (. 5 - 61	ACORI 8932	0 101, Additional Remarks Schedu 266) Maximum Aggregate /	ule, may be Limit of	attached if mor Liability: \$1.	e space is requir 000,000 / Ret	^{ed)} ention: per claim: \$50.00	00	
- Cri	ime -	Employee Dishonesty (10/01/2024- ises: \$5,000 / Money Orders and Co	10/0	1/202	5 - PHPK2609049) Money a	and Secu	irities - insid	e the premis	es: \$5,000 / Money and \$	Securiti	es - outside
		•	June	erieit		Nunap a			23,000		
Proof of Insurance.											
Joh	n S (Gremp 3196 Wedgewood Court, Rer	10, N	V 895	i09 Loan #0570978437						
CE	RTIF					CANC	ELLATION				
		Wells Fargo Bank N.A. #936 Its Successors and/or Assig	ns			THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE (IEREOF, NOTICE WILL CY PROVISIONS.		
		PO BOX 100515 Florence, SC 29502-0515				AUTHORIZED REPRESENTATIVE					

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			EF	RLI	FICATE OF LIA	BILITY IN	SURAN	CE		(MM/DD/1111) 24/2024		
C B	ERT	CERTIFICATE IS ISSUED AS A TIFICATE DOES NOT AFFIRMAT DW. THIS CERTIFICATE OF IN RESENTATIVE OR PRODUCER, A	IVEL SURA	Y OF	R NEGATIVELY AMEND, DOES NOT CONSTITU	EXTEND OR AL	TER THE CO	OVERAGE AFFORDED	BY TH	E POLICIES		
lf	SU	RTANT: If the certificate holde IBROGATION IS WAIVED, subje certificate does not confer rights t	ct to	the	terms and conditions of	the policy, certain ch endorsement(s	policies may					
PRC	DUCE	ER				CONTACT NAME:						
		dPartners of NV, LLC etzke Lane Ste 201				PHONE (A/C, No, Ext): (775)	829-2345	FAX (A/C, No)	: (775)	827-7090		
		IV 89511				E-MAIL ADDRESS:						
					-			RDING COVERAGE		NAIC #		
						INSURER A : Philad	elphia Inder	nnity Ins Co		18058		
INSU	JRED					INSURER B : WCF	ational Insu	urance Company		40517		
		Caughlin Ranch Homeowne	rs			INSURER C : CNA I	nsurance (C	ontinental Casualty	Co	20443		
		1070 Caughlin Crossing Reno, NV 89519-0684			-	INSURER D :						
					-	INSURER E :						
						INSURER F :						
					E NUMBER:			REVISION NUMBER:				
	IDIC. ERT	IS TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY F IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORE	N OF ANY CONTRADED BY THE POLI	ACT OR OTHE	R DOCUMENT WITH RESP BED HEREIN IS SUBJECT	ECT TO	WHICH THIS		
INSR LTR		TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIM	TS			
Α	X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X			PHPK2609049	10/1/2024	10/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 100,000		
								MED EXP (Any one person)	\$	5,000		
								PERSONAL & ADV INJURY	\$	1,000,000		
		N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000		
	X							PRODUCTS - COMP/OP AGG		2,000,000		
A		OTHER:						COMBINED SINGLE LIMIT	\$	1,000,000		
	X	ANY AUTO			PHPK2609049	10/1/2024	10/1/2025	(Ea accident)	\$.,,		
		OWNED SCHEDULED AUTOS ONLY AUTOS			F HF N2003043	10/1/2024	10/1/2023	BODILY INJURY (Per person)	\$) \$			
		AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY						BODILY INJURY (Per accident PROPERTY DAMAGE (Per accident))			
									\$			
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	4,000,000		
		EXCESS LIAB CLAIMS-MADE			PHUB883861	10/1/2024	10/1/2025	AGGREGATE	\$	4,000,000		
		DED X RETENTION \$ 10,000							\$			
B		RKERS COMPENSATION DEMPLOYERS' LIABILITY						X PER OTH- STATUTE ER				
	ANY	Y PROPRIETOR/PARTNER/EXECUTIVE	N / A		3501935	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	\$	1,000,000		
	(Mai	ndatory in NH)						E.L. DISEASE - EA EMPLOYE	Е\$	1,000,000		
		es, describe under SCRIPTION OF OPERATIONS below			0.40000000	40/4/0004	40/4/0005	E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
C		ectors & Officers			618932266 DUDK2020240	10/1/2024		Employee Theft		2,250,000		
A	Equ	uipment Floater			PHPK2609049	10/1/2024	10/1/2025	Misc. Equip.		400,000		
- Cri the Pro	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) - Directors & Officers (10/01/2024-10/01/2025 - 618932266) Maximum Aggregate Limit of Liability: \$1,000,000 / Retention: per claim: \$50,000 - Crime - Employee Dishonesty (10/01/2024-10/01/2025 - PHPK2609049) Money and Securities - inside the premises: \$5,000 / Money and Securities - outside the premises: \$5,000 / Money Orders and Counterfeit Paper Currency: \$5,000 / Kidnap and Ransom - Extortion: \$25,000 Proof of Insurance. RE: Caughlin Ranch Homeowners Association: 4048 Whispering Pine Loop, Reno, NV 89519.											
CE	RTIF	FICATE HOLDER				CANCELLATION	1					
	CERTIFICATE HOLDER Wells Fargo Bank, N.A. #936 Its Successors and/or Assigns P.O. Box 100515 Florence, SC 29502					THE EXPIRATION ACCORDANCE V		DESCRIBED POLICIES BE (IEREOF, NOTICE WILL CY PROVISIONS.				
						Chin dont						

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