

C.C.H.O.A.
505 Grand Caribe Cswy.
Coronado, CA 92118



Office 619.423.4353
Fax 619.424.3923
www.cchoa.org

HOMEOWNERS ASSOCIATION

INSURANCE SUMMARY

The Coronado Cays HOA Declaration of Covenants, Conditions & Restrictions (CC&Rs) have numerous sections that deal with both the association's risk management and insurance responsibilities and with those of a unit owner. At times, these responsibilities also extend to tenants of owners and others who may be guests or visitors. As an owner, you need to become familiar with the CC&Rs, in general, and with the risk management and insurance parts applicable to you, in particular. Also, you should ask your own personal insurance advisor to review these sections of the CC&Rs with you so that you can obtain proper types of personal insurance with appropriate limits given your exposures to loss. Here are certain unit owner risk management and insurance issues that you should consider: (1) Identifying and properly insuring the elements of your home in coordination with the Coronado Cay HOA's master policy. (2) Protecting yourself (and your neighbors) from possible damage resulting from the marina, boats and docks, (3) Securing personal earthquake and flood insurance for possible damage to your unit and possible special assessments levied by the association for such damage. The association does not maintain flood insurance. With respect to earthquake issues, you should ask your personal insurance advisor to explain coverages available from the California Earthquake Authority. The three issues just cited, however, are not meant to be a complete list by any means. Please read your CC&Rs and talk to your personal insurance advisor.

Statutory Disclosure

This summary of the Association's policies of insurance provides only certain information, as required by the Civil Code, and should not be considered a substitute for the complete policy terms and conditions contained in the actual policies of insurance. Any Association member may, upon request and provision of reasonable notice, review the Association's insurance policies and, upon request and payment of reasonable duplication charges, obtain copies of those policies. Although the Association maintains the policies of insurance specified in this summary, the Association's policies of insurance may not cover your property, including personal property or real property improvements to or around your dwelling, or personal injuries or other losses that occur within or around your dwelling. Even if a loss is covered, you may nevertheless be responsible for paying all or a portion of any deductible that applies. Association members should consult with their individual insurance broker or agent for appropriate additional coverage.

Property location/ description covered:

Grand Caribe Isle	Administration Buildings
Antigua Village	108 Condominium units
Kingston Village	84 Condominium units
Mardi Gras Village	120 Condominium units
Montego Village	72 Condominium
units Maintenance Building	
Common Area	
Other Structures	5 Clubhouses located throughout the Cays



**Coronado Cays Homeowners' Association
Insurance Disclosure Form**

Property Insurance:

Name of Insurer: Philadelphia Indemnity Ins. Company		Policy #: PHPK2670412	
Policy Limits: \$153,680,334	Amount of Deductible: \$25,000		
Date Policy Begins: 03/31/2024	Date Policy Ends: 03/31/2025		

General Liability Insurance:

Name of Insurer: Philadelphia Indemnity Ins. Company		Policy #: PHPK2670412	
Policy Limits: \$2,000,000 Aggregate / \$1,000,000 per Occurrence	Amount of Deductible: N/A		
Date Policy Begins: 03/31/2024	Date Policy Ends: 03/31/2025		

Directors & Officers / Employment Practices Liability Insurance:

Name of Insurer: RSUI Indemnity Co.		Policy #: NPP709448	
Policy Limits: \$4,000,000 Aggregate / \$3,000,000 Separate Limit for D&O and \$1,000,000 Separate Limit for EPLI	Amount of Deductible: \$50,000		
Date Policy Begins: 03/31/2024	Date Policy Ends: 03/31/2025		

Excess Directors & Officers Liability Insurance:

Name of Insurer: RSUI Indemnity Co.		Policy #: 0312-2878	
Policy Limits: \$2,000,000 Aggregate / \$2,000,000 Limit for D&O	Amount of Deductible: \$50,000		
Date Policy Begins: 03/31/2024	Date Policy Ends: 03/31/2025		

Fidelity Insurance / Crime:

Name of Insurer: Travelers Casualty and Surety Co. of America		Policy #: 106710003	
Policy Limits: \$5,000,000 Employee Dishonesty	Amount of Deductible: \$25,000		
Date Policy Begins: 03/31/2024	Date Policy Ends: 03/31/2025		



Fidelity Insurance / Excess Crime:

Name of Insurer: Great American Insurance Co.		Policy #: SAA E425779 06 00	
Policy Limits: \$5,000,000 Excess of \$5,000,000	Amount of Deductible: \$25,000		
Date Policy Begins: 03/31/2024	Date Policy Ends: 03/31/2025		

Umbrella Liability

Name of Insurer: Philadelphia Indemnity Ins. Company		Policy #: PHUB905684	
Policy Limits: \$5,000,000 Aggregate \$5,000,000 per Occurrence	Amount of Deductible: \$10,000		
Date Policy Begins: 03/31/2024	Date Policy Ends: 03/31/2025		

Excess Liability

Name of Insurer: Navigators Specialty Insurance Company		Policy #: LA24EXRZ0AW37IC	
Policy Limits: \$5,000,000 Aggregate \$5,000,000 per Occurrence	Amount of Deductible: \$0		
Date Policy Begins: 03/31/2024	Date Policy Ends: 03/31/2025		

Unit Owner Risk Management and Insurance Responsibilities:

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/28/2024

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 License # 0C36861 San Diego-Alliant Insurance Services, Inc. 701 B St 6th Fl San Diego, CA 92101	CONTACT NAME: Lisa Houston	
	PHONE (A/C, No, Ext): (619) 849-3752	FAX (A/C, No):
	E-MAIL ADDRESS: Lisa.Houston@alliant.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Philadelphia Indemnity Insurance Company	18058
	INSURER B: Technology Insurance Company Inc	42376
	INSURER C: RSUI Indemnity Company	22314
	INSURER D: Travelers Property Casualty Company of America	25674
	INSURER E:	
	INSURER F:	

INSURED Coronado Cays Homeowners Assoc. 384 UNITS Antigua, Kingston, Montego, & Mardi Gras Villages 505 Grand Caribe Cswy. Coronado, CA 92118	


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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2670412	3/31/2024	3/31/2025	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 0
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2670412	3/31/2024	3/31/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
A	<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 \$ 10,000			PHUB905684	3/31/2024	3/31/2025	EACH OCCURRENCE \$ 5,000,000
							AGGREGATE \$
							Aggregate \$ 5,000,000
B	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			TWC4361749	1/1/2024	1/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Non-Profit Director'			NPP704447	3/31/2023	3/31/2024	Each Claim 3,000,000
D	Marina Operators Lia			51M78541	3/31/2024	3/31/2025	Per Occurrence 1,000,000

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

CERTIFICATE HOLDER **CANCELLATION**

Coronado Cays Homeowners Association Proof of Insurance 505 Grand Caribe Cswy. Coronado, CA 92118	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 

FYI!!!

FOR HOMEOWNERS ASSOCIATIONS/CONDO CERTIFICATE OF INSURANCE REQUESTS, PLEASE USE OUR ONLINE SERVICE.

GO TO WWW.ALLIANT.COM

PLEASE ALLOW FOR INTERNET POP-UPS.

CLICK CLIENT LOG-IN (no Username or Password required)

FIND CONDO/HOME OWNERS ASSN. CERTIFICATES (UNDER CLIENT LOG-IN)



TYPE

- ENTER FIRST **4** LETTERS OF THE ASSN. NAME (EX: DRIVER HOA = TYPE -> DRIV)
- CLICK ON SUBMIT
- ENTER REQUESTED INFORMATION (UNIT OWNER, MORTGAGE/LENDER INFO, ETC...)

PRINT MUST CLICK “ PRINT FROM WEB” AT BOTTOM OF SCREEN

Note: FOR 2ND MORTGAGEE, PLEASE USE THE SAME INSTRUCTION AS PER ABOVE.

THANK YOU,
ALLIANT INSURANCE SERVICES, INC.