



CERTIFICATE OF LIABILITY INSURANCE

10/13/2025

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 Bradley Neve (30303M) 250 E Easy Street Suite 7B Simi Valley CA 93065-1769	CONTACT NAME: PHONE (A/C, NO, EXT): 805-581-5739 FAX (A/C, NO): 805-522-3557 E-MAIL ADDRESS: help@neveagency.com												
INSURED WILDWOOD TOWNSHIP II HOA, INC C/O Neighborhood Community Management 2828 Cochran Street, Suite 281 SIMI VALLEY CA 93065-2780	INSURER(S) AFFORDING COVERAGE <table><tr><td>INSURER A: Truck Insurance Exchange</td><td>NAIC # 21709</td></tr><tr><td>INSURER B: Farmers Insurance Exchange</td><td>21652</td></tr><tr><td>INSURER C: Mid Century Insurance Company</td><td>21687</td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER A: Truck Insurance Exchange	NAIC # 21709	INSURER B: Farmers Insurance Exchange	21652	INSURER C: Mid Century Insurance Company	21687	INSURER D:		INSURER E:		INSURER F:	
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COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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	ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS						
B	☒ COMMERCIAL GENERAL LIABILITY <table><tr><td>☐ CLAIMS-MADE</td><td>☒ OCCUR</td></tr></table>	☐ CLAIMS-MADE	☒ OCCUR	Y	N	605135057	10/05/2025	10/05/2026	EACH OCCURRENCE \$ 2,000,000				
	☐ CLAIMS-MADE	☒ OCCUR											
			DAMAGE TO RENTED PREMISES (Ea Occurrence) \$ 500,000										
			MED EXP (Any one person) \$ 5,000										
			PERSONAL & ADV INJURY \$ 2,000,000										
			GENERAL AGGREGATE \$ 4,000,000										
			PRODUCTS - COMP/OP AGG \$ 2,000,000										
B	AUTOMOBILE LIABILITY <table><tr><td>☐ ANY AUTO</td><td>☐ SCHEDULED AUTOS</td></tr><tr><td>☐ OWNED AUTOS ONLY</td><td>☐ NON-OWNED AUTOS ONLY</td></tr><tr><td>☒ HIRED AUTOS ONLY</td><td>☒</td></tr></table>	☐ ANY AUTO	☐ SCHEDULED AUTOS	☐ OWNED AUTOS ONLY	☐ NON-OWNED AUTOS ONLY	☒ HIRED AUTOS ONLY	☒			605135057	10/05/2025	10/05/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
	☐ ANY AUTO	☐ SCHEDULED AUTOS											
	☐ OWNED AUTOS ONLY	☐ NON-OWNED AUTOS ONLY											
	☒ HIRED AUTOS ONLY	☒											
		BODILY INJURY (Per person) \$											
		BODILY INJURY (Per accident) \$											
		PROPERTY DAMAGE (Per accident) \$											
	UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE \$						
	EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE \$						
	DED ☐ RETENTION \$ ☐						\$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE ☐ OTHER ☐ \$						
	E.L. EACH ACCIDENT \$												
	E.L. DISEASE - EA EMPLOYEE \$												
	E.L. DISEASE - POLICY LIMIT \$												
B	Property Employee Dishonesty (Fidelity)			605135057	10/05/2025	10/05/2026	\$5,000 Ded. \$33,840,200 \$5,000 Ded. \$400,000						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
(92 units). Condominium Unit Coverage (walls in) included. 150% Replacement Cost, Includes Building Ordinance of Law Coverage, and Separation of Insureds. Property Management Additional Insured General Liability, Directors & Officers and Employee Dishonesty (Fidelity). The association is located in Thousand Oaks, CA 91360. Betterments and Improvements included.

CERTIFICATE HOLDER COI	CANCELLATION 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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