

IMPORTANT



INFORMATION

POLICY ENDORSEMENT CHECKLIST - REQUIRED DOCUMENTS

Please use the attached Sample Certificate along with the following Endorsement Checklist to ensure seamless certificate processing.

AGENT NOTE:

The requesting "Certificate Holder" requires the "Insured" to provide the following endorsements.

- ☐ GENERAL LIABILITY - ADDITIONAL INSURED - ONGOING OPERATIONS
- ☐ GENERAL LIABILITY - ADDITIONAL INSURED - COMPLETED OPERATIONS
- ☐ GENERAL LIABILITY - "ANY" RESIDENTIAL EXCLUSIONS
- ☐ GENERAL LIABILITY - "ANY" DESIGNATED WORK EXCLUSIONS
- ☐ GENERAL LIABILITY - "ANY" CONDO & MULTI-UNIT EXCLUSIONS
- ☐ BUSINESS AUTO LIABILITY - PERSONAL AUTO POLICIES WILL NEED A BUSINESS USE ENDORSEMENT
- ☐ WORKERS COMPENSATION - WAIVER OF SUBROGATION ENDORSEMENT

Certificates submitted without the accompanying endorsements will have delayed processing and remain incomplete until all the documents are received.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 Agency Name Address City, State, Zip		CONTACT NAME: Agent Name PHONE (A/C, No. Ext): Agent Phone E-MAIL ADDRESS: Agent Email		FAX (A/C, No):
INSURED Vendor Name Vendor Address Vendor City, State, Zip		INSURER(S) AFFORDING COVERAGE INSURER A: Carrier - General Liability INSURER B: Carrier - Commercial Auto Liability INSURER C: Carrier - Workers Compensation Liability INSURER D: Carrier - Umbrella INSURER E: INSURER F:		NAIC # Certificates must have NAIC#'s for Carriers or they cannot process
Compliance ID _____		Carrier Rating Should be A- or higher with AMBest		

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	<input checked="" type="checkbox"/>		POLICY NUMBER	Start Date	End Date	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000	
	AGENTS - PLEASE SEND ADDITIONAL INSURED ENDORSEMENTS.							
	B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			POLICY NUMBER	Start Date	End Date	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		AGENTS - POWERSTONE IS ACCEPTING OWNED, HIRED, SCHEDULED AND NON-OWNED. IF PERSONAL INSURANCE NEED CONFIRMATION OF BUSINESS USE COVERAGE.						
<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input checked="" type="checkbox"/> N / A	POLICY NUMBER	Start Date	End Date	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	

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

AGENTS PLEASE ADD THE FOLLOWING STATEMENT TO THE DESCRIPTION OF OPERATIONS: Powerstone Property Management, Inc. and all association clients of Powerstone's group of managed Associations are added as additional insureds on a blanket basis. Powerstone Property Management Inc. has Waiver of Subrogation for Workers Compensation coverage

AGENTS: Please include any policy exclusions related to work on Condos or Common Areas or a Letter of "Non-Exclusion" on Agency Letterhead.

VENDORS: Please submit a Vendor Information Form and a W9 via your ASN Portal @ <https://asn4hoa.com>.

CERTIFICATE HOLDER**CANCELLATION**

PowerStone Property Mgmt., Inc.
Attn: Risk Manager
9060 Irvine Center Drive Suite 300
Irvine Ca. 92618,

Please email Certificates to certs@asn4hoa.com

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

Agent Signature

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