



# CERTIFICATE OF LIABILITY INSURANCE

OP ID JS  
IRONW-7

DATE (MM/DD/YYYY)

04/05/10

<b>PRODUCER</b> LaBarre/Oksnee Insurance PD 30 Enterprise #180 Aliso Viejo CA 92656 Phone: 760-346-7251 Fax: 760-346-4269	<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> Ironwood Owners Assoc VI c/o Desert Resort Management P.O. Box 14387 Palm Desert CA 92255-4387	INSURER A: <b>XL Specialty Insurance Co.</b>	
	INSURER B: <b>Great American Group</b>	
	INSURER C: <b>Zurich Companies</b>	
	INSURER D: <b>One Beacon Insurance</b>	
	INSURER E:	

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b>	63A1004183-00	01/01/10	01/01/11	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
B	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	EPP9716278-02	01/01/10	01/01/11	MED EXP (Any one person)	\$ 1,000
	<input checked="" type="checkbox"/> D&O \$1,000,000				PERSONAL & ADV INJURY	\$ Included
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	\$ Included
A A	<b>AUTOMOBILE LIABILITY</b>	63A1004183-00 63A1004183-00	01/01/10 01/01/10	01/01/11 01/01/11	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS					
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
C	<b>EXCESS / UMBRELLA LIABILITY</b>	AUC297296407-1505302-06	01/01/10	01/01/11	EACH OCCURRENCE	\$ 15,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 15,000,000
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input checked="" type="checkbox"/> RETENTION \$10,000					\$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	406-02-46-42-0001	01/01/10	01/01/11	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					
	If yes, describe under SPECIAL PROVISIONS below					
	E.L. EACH ACCIDENT	\$ 1,000,000				
	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000				
	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000				
A	<b>Property Coverage</b>	63A1004183-00	01/01/10	01/01/11	5,000 ded	\$14,708,153
B	<b>Fidelity Bond</b>	554-38-21-3030-04	01/01/10	01/01/11	2,500 ded	\$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 \*\*\*\*Commercial Package has a Floor and Wall Coverings Exclusion and Guaranteed Replacement Cost\*\*\*\*

## CERTIFICATE HOLDER

DESERTR

Desert Resort Management  
 P.O. Box 14387  
 Palm Desert CA 92255-4387

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE