



LIBERTY

Liberty Naranjo

October 1, 2025

Ladies & Gentlemen:

The Liberty Insurance Company Brokers is pleased to provide the enclosed insurance disclosure for your insurance renewal, in accordance with California Civil Code §5300.

Enclosed are the Evidence of Property Insurance and the Certificate of Liability Insurance. Please forward these documents to your lender as needed. If your lender has a specific request for an evidence of insurance, kindly email it to our Certificate Team at coirequest@libertycompany.com, and we will send the appropriate documentation directly to your lender.

Your community's Governing Documents may require you to maintain insurance coverage for fixtures and building improvements within your unit. We strongly recommend obtaining a Homeowners (HO-6) policy to ensure adequate protection for the following:

- ▶ Fixtures & building improvements
- ▶ Loss assessment
- ▶ Personal property
- ▶ Additional living expenses or rental income loss
- ▶ Personal liability

If you lease your unit to tenants, securing these coverages becomes even more essential.

In the event that you, a tenant, resident, or guest are found negligent in causing a loss, you may be held responsible for the applicable deductible.

We recommend keeping copies of the enclosed documents for your records, particularly if you plan to refinance your unit, as most lenders now require evidence of an active Homeowners (HO-6) policy.

Please contact your Liberty Team if you have any questions or concerns.

Sincerely,

Jonathan Naranjo

Managing Partner, Liberty Naranjo
The Liberty Company Insurance Brokers

Luma Homeowners Association

Civil Code 5300 (b)(9) Disclosure Summary Form

Liberty Naranjo

Date: October 1, 2025

Property: Affiliated FM Insurance Company – 10/01/2025-10/01/2026
Limit: \$ 272,154,793 Special Form, Wind and Hail Included, Equipment Breakdown Coverage Included
Flood Limit: \$ 25,000,000
Deductibles: \$ 10,000 Per Occurrence
\$ 50,000 Water Damage
\$ 100,000 Flood

General Liability: Colony Insurance Company – 10/01/2025-10/01/2026
Limit: \$ 1,000,000 / \$ 2,000,000 Per Occurrence/ General Aggregate
Hired and Non-Owned Automobile Liability Limit: \$ 1,000,000

Umbrella Liability: Paramount Programs – 10/01/2025-10/01/2026
Limit: \$ 50,000,000 Each Occurrence/ Aggregate
Retention: \$ 0 Per Occurrence

Management Liability: Continental Casualty Company – 10/01/2025-10/01/2026
Directors & Officers Limit: \$ 1,000,000 Per Occurrence / Aggregate
Employment Practices Liability Limit: \$ 1,000,000 Per Occurrence / Aggregate
Retention: \$ 2,500 Per Occurrence – Directors & Officers
\$ 2,500 Per Occurrence – Employment Practices Liability

Crime/ Fidelity: The Hanover Insurance Company – 10/01/2025-10/01/2026
Limit: \$ 4,500,000
Retention: \$ 10,000 Per Occurrence

Pollution Liability: Illinois Union Insurance Company – 10/01/2025-10/01/2026
Limit: \$ 1,000,000 / \$ 3,000,000 Each Occurrence/ Aggregate
Retention: \$ 25,000 Per Occurrence

Workers' Compensation: Pennsylvania Manufacturers' Association Insurance – 10/01/2025-10/01/2026
Limit: \$ 1,000,000 Each Accident, \$ 1,000,000 Disease – Each Employee/ Policy Limit

This summary of the Association's policies of insurance provides only certain information, as required by subdivision (b) of Section 5300 of 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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/10/2025

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 The Liberty Company Insurance Brokers Lic #0D79653 5955 De Soto Ave, Ste 250 Woodland Hills CA 91367	CONTACT NAME: Ken Goldstone PHONE (A/C, No, Ext): (888) 918-3960 FAX (A/C, No): E-MAIL ADDRESS: ken.goldstone@libertycompany.com																					
INSURED Luma Homeowners Association 1100 South Hope Street Los Angeles CA 90015	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Colony Insurance Co</td><td></td><td>39993</td></tr><tr><td>INSURER B: Homesite Insurance Company</td><td></td><td>17221</td></tr><tr><td>INSURER C: Pennsylvania Mfg. Assoc. Ins.</td><td></td><td>12262</td></tr><tr><td>INSURER D: Continental Casualty Company</td><td></td><td>20443</td></tr><tr><td>INSURER E: The Hanover Insurance Company</td><td></td><td>22292</td></tr><tr><td>INSURER F: Illinois Union Insurance Company</td><td></td><td>27960</td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: Colony Insurance Co		39993	INSURER B: Homesite Insurance Company		17221	INSURER C: Pennsylvania Mfg. Assoc. Ins.		12262	INSURER D: Continental Casualty Company		20443	INSURER E: The Hanover Insurance Company		22292	INSURER F: Illinois Union Insurance Company		27960
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COVERAGES**CERTIFICATE NUMBER:** CL25101000706**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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			103GL021755901	10/01/2025	10/01/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included EBL \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			103GL021755901	10/01/2025	10/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PRP253288001003025981	10/01/2024	10/01/2025	EACH OCCURRENCE \$ 50,000,000 AGGREGATE \$ 50,000,000 \$
C	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		N / A	2025010762377Y	10/01/2025	10/01/2026	<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
D	Directors and Officers			768681317	10/01/2025	10/01/2026	Limit: \$1,000,000 Retention: \$2,500

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

E) Crime - Policy #: BDFJ17655903 - Effective: 10/01/2025-10/01/2026 - Limit: \$4,500,000; Retention: \$10,000
F) Pollution - Policy #: PPI G49363175 001 - Effective: 10/01/2025-10/01/2026 - Limit: \$1,000,000; Retention: \$25,000

CERTIFICATE HOLDER**CANCELLATION**

For Informational Purposes Only

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

Ken Goldstone

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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

10/10/2025

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY The Liberty Company Insurance Brokers Lic #0D79653 5955 De Soto Ave, Ste 250 Woodland Hills CA 91367	PHONE (A/C, No, Ext): (888) 918-3960	COMPANY Affiliated FM Insurance Company
FAX (A/C, No):	E-MAIL ADDRESS: kenneth.goldstone@libertycompany.com	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #: 00272233		
INSURED Luma Homeowners Association 1100 South Hope Street Los Angeles CA 90015	LOAN NUMBER	POLICY NUMBER 1157405
	EFFECTIVE DATE 10/01/2025	EXPIRATION DATE 10/01/2026
		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
	THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION

LOCATION/DESCRIPTION

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

PERILS INSURED

BASIC

BROAD

☒ SPECIAL

COVERAGE / PERILS / FORMS

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
BUILDINGS, ASSOCIATION PERSONAL PROPERTY & BUSINESS INCOME Affiliated FM ProVision Form (excluding Earthquake); Special Form; Replacement Cost; Agreed Amount. Including Boiler & Machinery; Sublimits: Flood Building Ordinance Terrorism Risk Insurance Act Included Including Earthquake Sprinkler Leakage Including 125% Extended Replacement Cost Endorsement	\$272,154,793 \$25,000,000 Policy Limit Policy Limit Policy Limit	\$10,000 Except \$100,000 for Water Damage \$100,000 \$1,000,000

REMARKS (Including Special Conditions)

Residential Units: 236 Commercial Units: 4

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.

ADDITIONAL INTEREST

NAME AND ADDRESS For Informational Purposes Only	ADDITIONAL INSURED	LENDER'S LOSS PAYABLE	LOSS PAYEE
	MORTGAGEE		
	LOAN #		
	AUTHORIZED REPRESENTATIVE Ken Goldstone		