



LIBERTY

Liberty Naranjo

October 15, 2026

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 your designated Service Team, and we will provide 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

Liberty Naranja

October 15, 2026

Property: Affiliated FM Insurance Company – 10/1/2026-10/1/2027

Limit:	\$ 217,824,802	Special Form, Wind & Hail, Equipment Breakdown Coverage Included Extended Replacement Cost Included on Policy
Flood Limit:	\$ 1,000,000	
Earthquake Sprinkler Leakage:	\$ 10,000,000	
Deductibles:	\$ 10,000	Per Occurrence
	\$ 50,000	Water Damage
	\$ 100,000	Flood
	\$ 1,000,000	Earthquake Sprinkler Leakage

General Liability: Colony Insurance Company– 10/1/2026-10/1/2027

Limit:	\$ 1,000,000 / \$ 2,000,000	Per Occurrence / General Aggregate
Hired & Non-Owned Auto Limit:	\$ 1,000,000	Per Occurrence / Aggregate
Deductibles:	\$ 5,000	GL & Auto - Per Occurrence

Excess Liability: Ategrity Specialty Insurance Company – 10/1/2026-10/1/2027

Limit:	\$ 5,000,000	Per Occurrence / Aggregate
Retention:	\$ 0	Per Occurrence

Excess Liability: Hudson Excess Insurance Company – 10/1/2026-10/1/2027

Limit:	\$ 5,000,000 xs \$ 5,000,000	Per Occurrence / Aggregate
Retention:	\$ 0	Per Occurrence

Directors & Officers: Continental Casualty Company – 10/1/2026-10/1/2027

Directors & Officers Limit:	\$ 2,000,000	Per Occurrence / Aggregate
Employment Practices Liability Limit:	\$ 2,000,000	Per Occurrence / Aggregate
Retentions:	\$ 5,000	D&O and EPLI - Per Occurrence

Crime / Fidelity: The Hanover Insurance Company – 10/1/2026-10/1/2027

Limit:	\$ 5,000,000	Per Occurrence / Aggregate
Retention:	\$ 10,000	Per Occurrence

Workers' Compensation: Pennsylvania Manufacturers' Association Insurance Company – 10/1/2026-10/1/2027

Limit:	\$ 1,000,000	Each Accident
	\$ 1,000,000 / \$ 1,000,000	Disease – Each Employee/ Policy Limit

Pollution Liability: Illinois Union Insurance Company – 10/1/2026-10/1/2027

Limit:	\$ 1,000,000/ \$2,000,000	Per Occurrence / Aggregate
Retention:	\$ 25,000	Per Occurrence

Earthquake: Coverage not provided through The Liberty Company

This summary of the association's policies of insurance provides only certain information, as required by 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)

10/15/2026

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 5955 De Soto Ave, Suite 250 Woodland Hills, CA 91367 www.libertycompany.com License #0D79653	CONTACT NAME: Katie Cobb PHONE (A/C, No, Ext): 818-230-7319 FAX (A/C, No): 866-835-6983 E-MAIL ADDRESS: katie.cobb@libertycompany.com														
INSURED Luma Homeowners Association 1100 South Hope Street Los Angeles CA 90015	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Colony Insurance Company</td><td>39993</td></tr><tr><td>INSURER B: Ategrity Specialty Insurance Company</td><td>16427</td></tr><tr><td>INSURER C: Hudson Excess Insurance Company</td><td>14484</td></tr><tr><td>INSURER D: Pennsylvania Manufacturers' Assoc Ins Co</td><td>12262</td></tr><tr><td>INSURER E: Continental Casualty Company</td><td>20443</td></tr><tr><td>INSURER F: The Hanover Insurance Company</td><td>22292</td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Colony Insurance Company	39993	INSURER B: Ategrity Specialty Insurance Company	16427	INSURER C: Hudson Excess Insurance Company	14484	INSURER D: Pennsylvania Manufacturers' Assoc Ins Co	12262	INSURER E: Continental Casualty Company	20443	INSURER F: The Hanover Insurance Company	22292
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COVERAGES

CERTIFICATE NUMBER: 92627533

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. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. *Not Applicable in WY

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:			103 GL 0217559-02	10/1/2026	10/1/2027	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 \$
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			103 GL 0217559-02	10/1/2026	10/1/2027	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	☐ UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE			P000078527-00	10/1/2026	10/1/2027	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
C	☐ DED ☒ RETENTION \$0			HXS 1003599 01	10/1/2026	10/1/2027	2nd Layer \$5M x \$5M
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☒ N	N/A	2026010762377Y	10/1/2026	10/1/2027	☒ PER STATUTE ☐ 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	10/1/2026	10/1/2027	Limit: \$2,000,000 Retention: \$5,000
F	Crime / Fidelity			BD3J30355704	10/1/2026	10/1/2027	Limit: \$5,000,000 Retention: \$10,000

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

For Any Lender of Record at Time of Covered Loss

CERTIFICATE HOLDER

CANCELLATION

For Any Lender of Record at Time of Covered Loss

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

Jonathan Naranjo

Jonathan Naranjo

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY The Liberty Company Insurance Brokers		NAMED INSURED Luma Homeowners Association 1100 South Hope Street Los Angeles CA 90015
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance (12/25)

HOLDER: For Any Lender of Record at Time of Covered Loss

ADDRESS:

236 residential units. 4 commercial units.

Separation of Insureds included.

Crime/Fidelity coverage includes Property Management Company.



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

10/15/2026

THIS EVIDENCE OF COMMERCIAL 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.

PRODUCER NAME, CONTACT PERSON AND ADDRESS The Liberty Company Insurance Brokers 5955 De Soto Ave, Suite 250 Woodland Hills, CA 91367 Katie Cobb www.libertycompany.com		PHONE (A/C, No, Ext): 818-230-7319 License #0D79653	COMPANY NAME AND ADDRESS Affiliated FM Insurance Company 270 Central Avenue, P.O. Box 7500 Johnston RI 02919-4923	NAIC NO: 10014
FAX (A/C, No): 866-835-6983	E-MAIL ADDRESS: katie.cobb@libertycompany.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE: AGENCY CUSTOMER ID #:	SUB CODE:		POLICY TYPE Property	
NAMED INSURED AND ADDRESS Luma Homeowners Association 1100 South Hope Street Los Angeles CA 90015			LOAN NUMBER	POLICY NUMBER 1174676
ADDITIONAL NAMED INSURED(S)			EFFECTIVE DATE 10/1/2026	EXPIRATION DATE 10/1/2027
			CONTINUED UNTIL TERMINATED IF CHECKED ☐	
			THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) ☒ BUILDING OR ☐ BUSINESS PERSONAL PROPERTY

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

☐

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$217,824,802

DED: 10,000

	YES	NO	N/A	
☒ BUSINESS INCOME ☐ RENTAL VALUE	☒			If YES, LIMIT: 2,760,360 Actual Loss Sustained; # of months:
BLANKET COVERAGE		☒		If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE	☒			Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		☒		
IS DOMESTIC TERRORISM EXCLUDED?		☒		
LIMITED FUNGUS COVERAGE	☒			If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)		☒		
REPLACEMENT COST	☒			
AGREED VALUE		☒		
COINSURANCE		☒		If YES, %
EQUIPMENT BREAKDOWN (If Applicable)	☒			If YES, LIMIT: Policy Limit DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	☒			If YES, LIMIT: Policy Limit DED:
- Demolition Costs	☒			If YES, LIMIT: Policy Limit DED:
- Incr. Cost of Construction	☒			If YES, LIMIT: Policy Limit DED:
EARTH MOVEMENT (If Applicable)		☒		If YES, LIMIT: DED:
FLOOD (If Applicable)	☒			If YES, LIMIT: 1,000,000 DED: 100,000
WIND / HAIL INCL ☒ YES ☐ NO Subject to Different Provisions:	☒			If YES, LIMIT: DED:
NAMED STORM INCL ☒ YES ☐ NO Subject to Different Provisions:	☒			If YES, LIMIT: DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	☒			

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

CONTRACT OF SALE	LENDER'S LOSS PAYABLE	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE			
NAME AND ADDRESS For Any Lender of Record at Time of Covered Loss			AUTHORIZED REPRESENTATIVE Jonathan Naranjo

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ACORD 28 (2016/03)

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ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY The Liberty Company Insurance Brokers		NAMED INSURED Luma Homeowners Association 1100 South Hope Street Los Angeles CA 90015	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 28 **FORM TITLE:** Evidence of Commercial Property (03/16)

ADDITIONAL INTEREST: For Any Lender of Record at Time of Covered Loss

ADDRESS:

Water Damage Deductible: \$50,000
 Flood Deductible: \$100,000
 Earthquake Sprinkler Leakage: \$1,000,000

236 residential units. 4 commercial units.

Walls out coverage, coverage up to developer's original specifications.

The Liberty Company, in collaboration with the insured and underwriters, conducts an annual evaluation of the building's replacement cost to ensure that the building valuation remains aligned with current replacement values.