

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/08/2024

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.

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 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).										
	DDUCER				CONTA NAME:	CT Ivy Me	enodza			
M	oylan's Insurance Underwriters, Inc.				PHONE (A/C, N	e, Ext): (671) 4	477-8613	FAX (A/C, N	(671)	477-1837
42	24 W OBrien Dr Ste 102				E-MAIL ADDRE	. imendo	oza@moylans	s.net	<u> </u>	
Ha	agatna GU 96910				INSURER(S) AFFORDING COVERAGE				NAIC#	
INS	URED				INSURER A: DB Insurance Company, Ltd.				 	
Н	atsuho Oka Towers Condominium				INSURER C:					
16	52 Western Blvd. Suite 1514				INSURER D :					
	amuning, Guam 96913				INSURE					
	mumiy, Guani 20213				INSURE					
				E NUMBER:				REVISION NUMBER:		
C	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		ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MIM/DD/YYYY)	u	MITS	
	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)		00,000.00
A			'	2001010000014040404	* * * * *	3 : : : 2 = : : 2 = 2		MED EXP (Any one person)		00.00
Α				202404000091AGA-00	01N	04/05/2024	04/05/2025	PERSONAL & ADV INJURY	s Incl	
	GEN'L AGGREGATE LIMIT APPLIES PER:		'					GENERAL AGGREGATE	s 2,0	00,000,00
	X POLICY PRO-		'					PRODUCTS - COMP/OP AG	g s Incl	luded
	OTHER: AUTOMOBILE LIABILITY	 	├ —'					COMPANY ON OUR LINES	S	
			'		1			COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO ALL OWNED SCHEDULED		1		ļ			BODILY INJURY (Per person		
	AUTOS AUTOS		'		l			BODILY INJURY (Per accided PROPERTY DAMAGE		
	HIRED AUTOS AUTOS	ĺ	'		l			(Per accident)	\$	
	UMBRELLA LIAB OCCUR		├─┤						\$	
	EXCESS LIAB CLAIMS-MADE	l	'		l			EACH OCCURRENCE	\$	
	DED RETENTION\$	i '	1 1					AGGREGATE	\$	
_	WORKERS COMPENSATION	\Box	\vdash					X PER OTH	- S	
4	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			202404000091AGA-000)1N	04/05/2024	04/05/2025	E.L. EACH ACCIDENT		0,000.00
Α	FFICER/MEMBER EXCLUDED? Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOY		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMI		
Α	Buildings and Business Personal Property			202404000091AGA-000		04/05/2024		Per Attached Additional Remarks Schedule		0,000,00
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Per Attached Additional Remarks Schedule										
CERTIFICATE HOLDER CANO					CANC	CANCELLATION				
INSURED				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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AGENCY CUSTOMER ID:	
LOC #:	



ADDITIONAL REMARKS SCHEDULE

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AGENCY Moylan's Insurance Underwriters, Inc.	NAMED INSURED Hatsuho Oka Towers Condominium 162 Western Blvd. Suite 1514 Tamuning, Guam 96913			
POLICY NUMBER 202404000091AGA-0001N				
CARRIER N.				
DB Insurance Co., Ltd.		EFFECTIVE DATE: 04/05/2024 - 04/05/2025		

ADDITIONAL REMARKS

THIS ADDITIONAL	REMARKS FO	ORM IS A S	CHED	ULE 1	O ACO	RD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

On a 14 storey building, constructed of all concrete, situated on LOT NO. 2, BLOCK 8, TRACT 108, 162 WESTERN BLVD, TAMUNING, GUAM known as Oka Towers consisting of 170 units including swimming pool, tennis courts, parking area, barbecue areas, childrens' play areas and office contents.

Limit of Insurance: \$34,500,000.00 - Building

\$50,000.00 - Contents for Office (excludes all individual owners contents such as furniture, fittings & furnishings)

Sublimits: Typhoon - \$5,000,000.00 any one occurrence - Building

Water Back-up & Sump Overflow - \$250,000.00 any one occurrence and in the Aggregate)

Covered Causes of Loss: All Risks against direct Physical Loss or damage to the covered property including Typhoon, Earthquake and Tidal Wave,

Flood, Highwater & Overflow due to the rising of navigable waters

Optional Coverages:

Exterior Grade Floor Glass \$10,000.00

Safe Burglary \$10,000.00

Theft \$10,000.00

Robbery (Inside) \$10,000.00

Robbery (Outside) \$10,000.00

Co-Insurance: 100%

Basis of Settlement:

Building - Replacement cost

Contents - Actual Cash Value (Replacement Cost less Depreciation)

Deductible(s):

Building & Contents: Typhoon - \$ 5,000.00 per unit Earthquake - \$ 5,000.00 per unit

All Other Covered Causes of Loss – \$ 5,000.00 per unit (Deductibles apply separately for Building & Contents)

Common Area:

Typhoon - \$ 30,000.00 per occurrence Earthquake - \$ 30,000.00 per occurrence

All Other Covered Causes of Loss - \$ 30,000.00 per occurrence

Exterior Grade Floor Glass, Safe Burglary, Theft, Robbery (Inside), Robbery (Outside) - 10% of loss, subject to a minimum of \$ 500.00 per occurrence