

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/06/2014

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 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).

certificate flotter in flet of such endorsement(s).												
PRODU	CER				CONTACT NAME: Andrew Baduria PHONE FAX							
						(A/C, No, Ext): 714-288-1944 x204 (A/C, No): 800-346-1853						
100000000000000000000000000000000000000	Money Solutions, Inc.				E-MAIL ADDRES							
2901 E. Katella Ave, Suite C						INSURER(S) AFFORDING COVERAGE						
Orange, CA 92867						INSURER A: Allstate Insurance Company						
Union Investments, inc. DBA Stoneshine						INSURER B:						
ID: 586251						INSURER C:						
2110 E. McFadden Ave, Suite G						INSURER D:						
Santa Ana, CA 92705						INSURER E :						
						INSURER F:						
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	SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS				
	SENERAL LIABILITY	IIVON	WVD	TOLIOT HOMBEN		(MINDED/1111)	(WINDEDITTITI	EACH OCCURRENCE \$	***************************************			
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence) \$				
	CLAIMS-MADE OCCUR]					MED EXP (Any one person) \$				
								PERSONAL & ADV INJURY \$				
								GENERAL AGGREGATE \$				
	SEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG \$				
	POLICY PRO- JECT LOC							\$				
1	AUTOMOBILE LIABILITY	_	$\overline{}$					COMBINED SINGLE LIMIT (Ea accident) \$ 1,00	00.000			
5	< ANY AUTO	I	L					BODILY INJURY (Per person) \$	00,000			
	ALL OWNED SCHEDULED AUTOS			0.40404000		40/04/0044	10/04/0015	BODILY INJURY (Per accident) \$				
A	HIRED AUTOS NON-OWNED AUTOS			648131902		12/04/2014	12/04/2015	PROPERTY DAMAGE (Per accident) \$				
	A0103							\$				
	UMBRELLA LIAB OCCUR	Г						EACH OCCURRENCE \$				
	EXCESS LIAB CLAIMS-MADE	1	ļ					AGGREGATE \$				
	DED RETENTION\$							\$				
	VORKERS COMPENSATION							WC STATU- OTH- TORY LIMITS ER				
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		l.,, r	_					E.L. EACH ACCIDENT \$				
	DFFICE/MEMBER EXCLUDED? Mandatory in NH)	N/A	ļ					E.L. DISEASE - EA EMPLOYEE \$				
	fyes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$				
		_	_									
		.	I									
DESCR	IPTION OF OPERATIONS / LOCATIONS / VEHICI	LES (Attach	ACORD 101, Additional Remarks	Schedule	, if more space is	required)					
									9			
CERTIFICATE HOLDER						CANCELLATION						

	UDR, Inc. c/o Compliance De	epot						DESCRIBED POLICIES BE CANCE				
P.O. Box 115006								EREOF, NOTICE WILL BE D BY PROVISIONS.	ELIVERED IN			
Carrollton, TX 75011						AUTHORIZED REPRESENTATIVE						
Faxe: (877) 665-8910												
	1			/	mart Money Solutions, Inc.							
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PRODUCER	NA	CONTACT NAME: Andrew Baduria										
	PH (A/	PHONE (A/C, No, Ext): 714-288-1944 x204 FAX (A/C, No): 800-346-1853										
Smart Money Solutions, Inc.	E-N	E-MAIL ADDRESS: andrewbaduria@allstate.com										
2901 E. Katella Ave, Suite C		INSURER(S) AFFORDING COVERAGE NAIC #										
Orange, CA 92867	INS	INSURER A: Allstate Insurance Company										
INSURED	INS	INSURER B:										
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ID: 586251		INSURER D:										
2110 E. McFadden Ave, Suite G		INSURER E :										
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INSR TYPE OF INSURANCE ADDL SUBRUS INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3							
GENERAL LIABILITY				EACH OCCURRENCE	\$							
COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED	\$							
CLAIMS-MADE OCCUR				T TEMPOLO (La sesariones)	\$							
				, , , , , ,	\$							
					\$							
GEN'L AGGREGATE LIMIT APPLIES PER:					s							
POLICY PRO-					\$							
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	s 1,000	0.000						
X ANY AUTO					\$ 1,000	J,000						
ALL OWNED SCHEDULED				BODILY INJURY (Per accident)	\$							
NON-OVINED	348131902	12/04/2014	12/04/2015	PROPERTY DAMAGE	\$							
HIRED AUTOS AUTOS				(Per accident)	<u>s</u>							
UMBRELLA LIAB OCCUR					s							
EXCESS LIAB CLAIMS-MADE					\$							
GONING-MADE					\$							
DED RETENTION \$				WC STATU- OTH-	<u> </u>							
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					•							
OFFICE/MEMBER EXCLUDED?				AND STOCKED AND ADDRESS OF THE STOCKED AND ADDRE	\$							
(Mandatory in NH) If yes, describe under				E.L. DISEASE - EA EMPLOYEE								
DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$							
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach AC	ORD 101, Additional Remarks Sch	edule, if more space is	required)	l								
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CERTIFICATE HOLDER		ANCELLATION										
JENTI OATE HOLDEN		ANOLLLATION										
Gables Residential Services, Inc. c/o Cor				DESCRIBED POLICIES BE C								
				EREOF, NOTICE WILL I	BE DE	LIVERED IN						
P.O. Box 115006		ACCORDANCE WITH THE POLICY PROVISIONS.										
Carrollton, TX 75011		UTHORIZED REPRESEI	NTATIVE	/								
Faxe: (877) 665-8910	120											
Smart Money Solutions, Inc.												
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