

# New Horizons South Bay Association

## Resident Handbook

March 15, 2025



### **OWNER/RESIDENT REQUIREMENTS**

**New Horizons South Bay Association** operates under California Civil Code §51.3.5 as a senior citizen development.

- At least one resident per unit must be 55 years or older, while the other resident must be at least 45 years old, except for spouses or primary caregivers of the senior citizen.
- Temporary stays for those under 45 years old are allowed up to 60 days per year.

The Association has the authority to enforce these rules.

See CC&R's Article 2: Membership rights and Privileges for more information.





## New Horizons South Bay Association

22727 Maple Avenue

Torrance CA 90505

**Call:** 310-325-3080

**Email:** [admin@nhsb.org](mailto:admin@nhsb.org)

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# Resident Handbook

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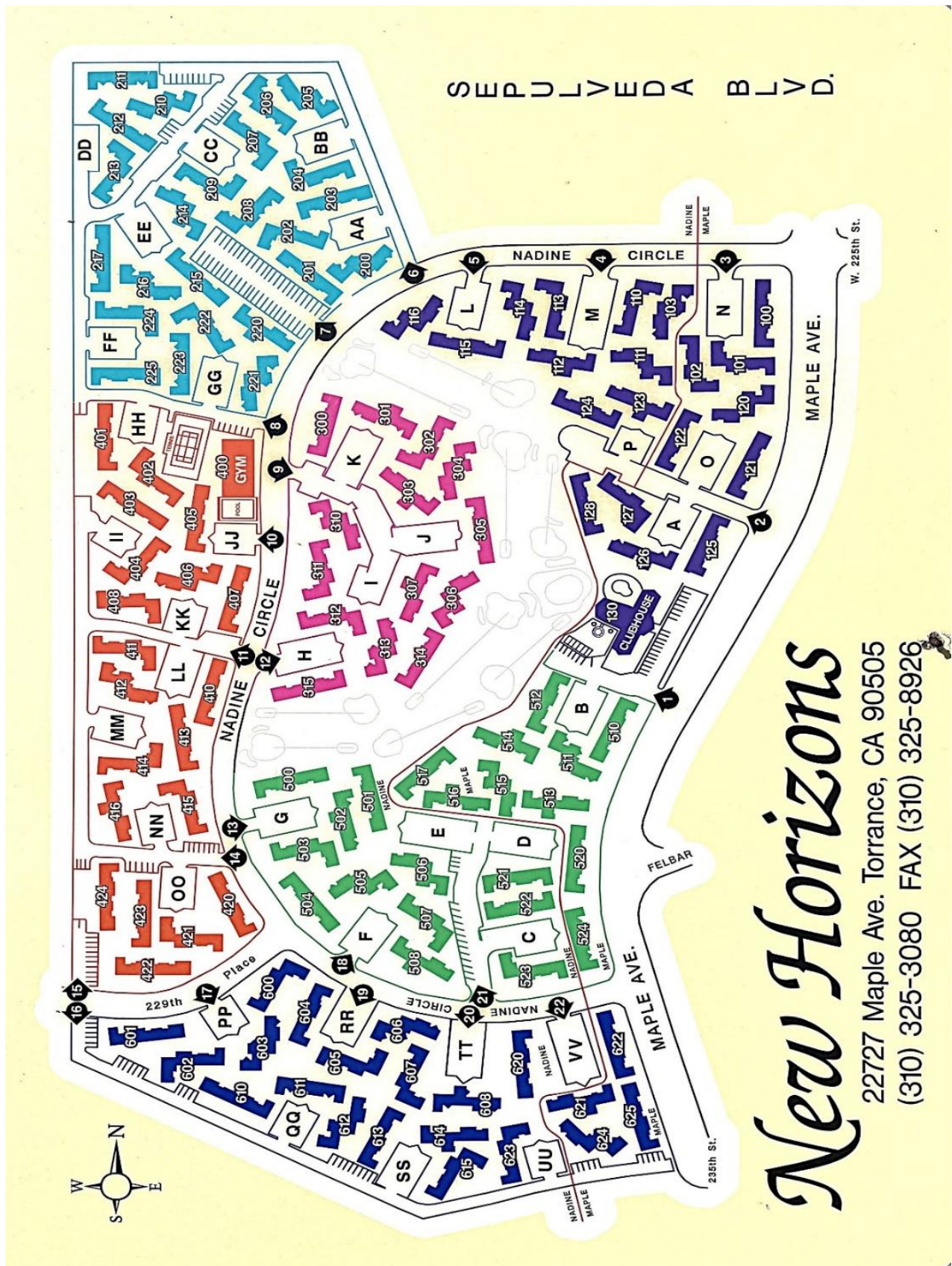
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AREA 1 - 6 MAPS



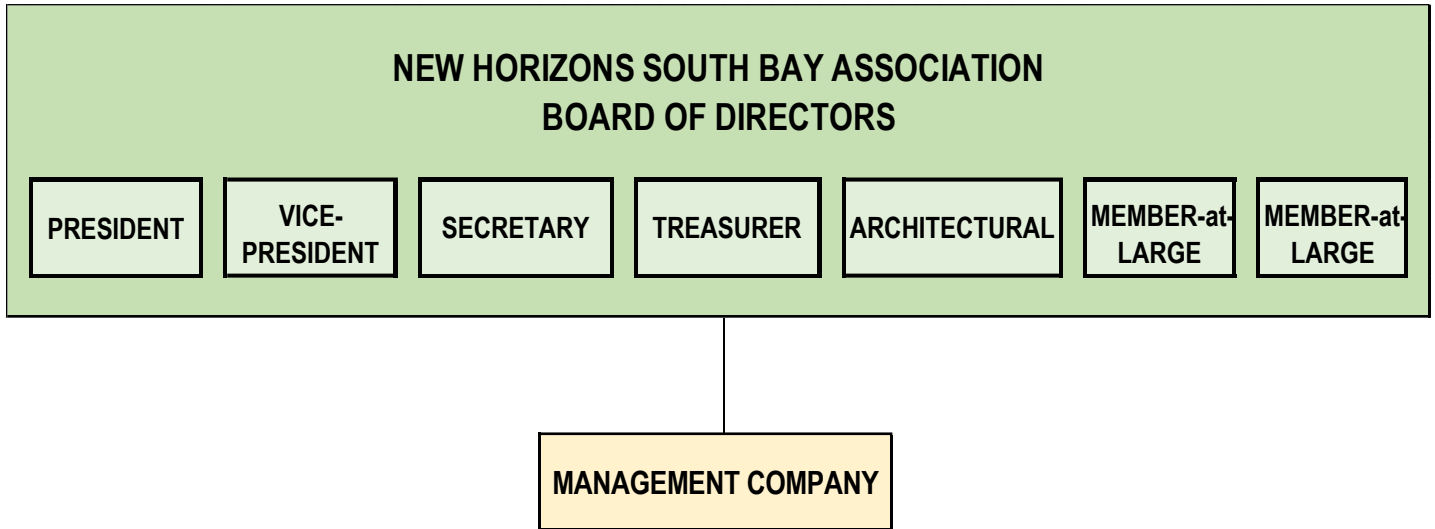
*New Horizons*

22727 Maple Ave. Torrance, CA 90505  
(310) 325-3080 FAX (310) 325-8926

This is an **Areas 1-6 Map**. The first digit of your building number is your “Area.” Locate your building’s proximity to the Clubhouse, the Golf Course, Access Numbers to garages and residents/guest parking.



## NHSB ASSOCIATION ORGANIZATIONAL CHART



The Annual Election Meeting is held on the Second Tuesday in April. Directors are elected for a term of two years.

- During Odd number years, 3 Directors are up for election.
- During Even number years, 4 Directors are up for election.

## PMP MANAGEMENT CONTACT INFORMATION

**Office Address (Clubhouse):** 22727 Maple Avenue, Torrance CA 90505  
**Office Phone Number:** 310-325-3080

Clubhouse Office Hours	9:00 <sup>am</sup> – 3:00 <sup>pm</sup> Closed for lunch 12:00 – 1:00 <sup>pm</sup>	
After-Hours Contact	310-694-0600, choose Option 1, Press * for a live operator	
On-site Manager	Janet Garcia	<a href="mailto:igarcia@PMPmanage.com">igarcia@PMPmanage.com</a>
Office Manager	Lynette Hazly	<a href="mailto:lhazly@PMPmanage.com">lhazly@PMPmanage.com</a>
Community Care Team	310-694-0600	<a href="mailto:Care@PMPmanage.com">Care@PMPmanage.com</a>
Escrow Services	310-694-0600	<a href="mailto:Escrow@PMPmanage.com">Escrow@PMPmanage.com</a>
Online Resident Portal	PMP Gateway	<a href="http://connect.pmpmanage.com">connect.pmpmanage.com</a>
Payment Address for HOA Assessments	New Horizon South Bay Association c/o Property Management Professionals, LLC Urban P.O. Box 93206 Las Vegas, NV 89193-3206	

### PMP GATEWAY Online Resident Portal



**With PMP GATEWAY you can:**

- Pay Your Assessments
- Open Maintenance Requests
- Access Documents & Forms
- And much more!

1. Log in at [connect.pmpmanage.com](http://connect.pmpmanage.com)
2. Click "**PAYMENTS.**"
3. Select your payment **options.**
4. Explore additional **features:**
  - Communication Preferences
  - Community Updates
  - HOA Documents
  - Submit & View Requests
  - Communicate with Management



### After-Hours Helpline

**Call:**

**310-694-0600**

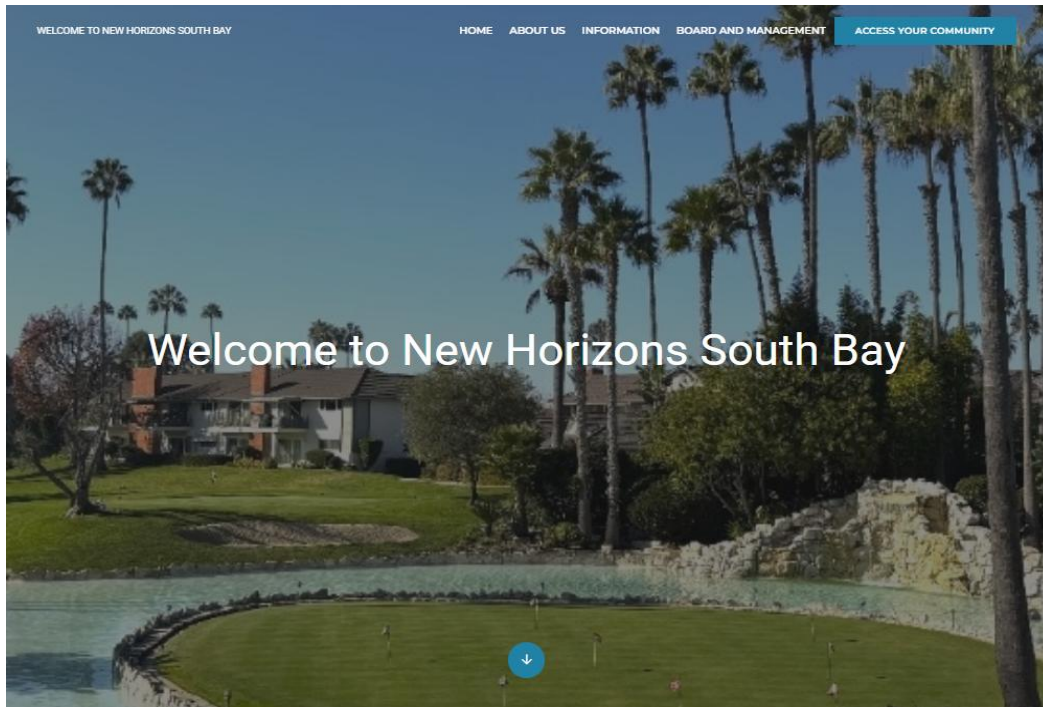
Choose Option 1

*press the (\*) for a live operator.*



**PMP is committed to offering our clients innovative, Convenient services, such as complimentary automatic Payments (ACH). To enroll, simply scan the QR Code → From your smartphone's camera to access our payment gateway.**





Our website is where to find what you need to know about our community, read the Newsletter, learn about activities, and enjoy the wonderful amenities. It also has important information including HOA documents (examples below) and forms. **Scan this QR code** to take you to the website. Check often to find out what's new.



- **CC&Rs**
  - Amendment to CC&R
  - 2nd Amendment to CC&R
- **By-Laws**
  - By-Laws
  - Amendment to Bylaws
  - 2nd Amendment to Bylaws
- **Rules & Regulations**
  - Rules and Regulations

**Notice to Residents:**

Read HOA documents. Download, save/print if you wish, and keep them with your Condo Purchase Escrow papers.

## MOVING IN

### **KEY CARD / NAME BADGE / VEHICLE PERMIT STICKER / GARAGE DOOR EMERGENCY KEY**

The Association Office issues these when you complete your orientation and become an officially registered resident. The fees charged for the key card and name badge are refundable when the items are returned.

All vehicles must have a permit, whether parked in a garage or in a common area. Parking in common areas is limited to 72 continuous hours in one space.



### **REMODELING?**

Submit an **Architectural Change Request Form**. Inform contractors and delivery personnel that New Horizons dumpsters are not for construction debris, old carpets, padding, water heaters, appliances, drapes, blinds, TV's, furniture, etc.

**Schedule pickup of all bulk items.**

### **NEWSLETTER and WEBSITE**

Our community newsletter is published on the last Wednesday of each month. It has a calendar of activities and meetings and can also be read on our website: [nhsb.org](http://nhsb.org).



### **GARAGES – vehicles only**

Keep garages orderly. Vehicle space must always be available. Store items inside cabinets. Below storage must not extend beyond upper cabinets. Bulk Storage will be fined.

**Do not store food or flammable items.**

You should have the original remote controller from the previous owner. If it is lost or not provided, ask the office how to order a new one at your expense. The office will program it.



### **GARAGE DOOR EMERGENCY KEY**

In the event of a power outage, use the Garage Door Emergency Key to manually open the garage door. If you do not have this key, the office will provide one for a small non-refundable fee. Find the two-digit number on the lock of your garage door and inform the office, with your unit number. Check that the number on the lock matches the number on the key and test it. Keep it safe and accessible.

### **IN THE EVENT OF POWER FAILURE, follow these steps to open the garage door:**

1. Insert key in lock, turn left or right until the lock pulls.
2. Pull the cord and push up onto the top section of the door to open. You may need the help of a second person.
3. If unable to open the door, leave the lock hanging on the cable. This will let others know that you have it unlocked and need help.
4. In case of widespread power failure, help may take longer (we have 375 garage doors).
5. For other garage problems, please submit a **Work Request**.

# GENERAL RULES & REGULATIONS

## Registration & Identification

- All residents must be registered with the Administration Office.
- Residents should wear name badges in common areas.
- Name badges and key cards are non-transferable.



## Access & Guests

- Non-resident owners cannot use recreational facilities.
- Non-guests are considered trespassers, except for tradesmen or agents acting on behalf of residents.
- Guests must complete a registration form and pay a deposit fee for a guest badge. The deposit is refundable if the badge is returned undamaged.

## Quiet Hours

- Quiet hours are from 10:00 pm to 8:00 am (maintenance staff start work at 7:00 am).

## Requests & Complaints

- Submit suggestions, complaints, or requests in writing on a **Work Request** form available in the clubhouse, signed and dated.

## Trash & Facilities

- Trash pickup is every Monday and Thursday; trash bins are for household waste only.
- New Horizons South Bay is **smoke-free** property.
- Residents are responsible for maintaining smoke detectors in their units.

## Recreation & Common Areas

- Bicycles, motorcycles, and motorbikes are allowed only on driveways, not in common areas.
- Roller skates, skateboards, and tricycles are not allowed in common areas.
- Private garage or yard sales are prohibited.
- Only one "For Sale" or "Lease" sign (18"x24") and one "Open House" sign are allowed.

## Commercial & Personal Use

- Commercial, political, religious, or profit-driven activities are not permitted in common areas.

## Hiring Maintenance Staff for Personal Tasks

- Homeowners are responsible for costs when hiring on-site maintenance staff. Such tasks must be scheduled outside of regular working hours (7:00 am - 3:30 pm)

## Guest Guidelines

- Guests must follow the same rules as residents and wear a guest badge while using amenities like the pool, gym, shuffleboard, ping-pong, and billiard rooms.
- Guests must supervise any children in their care.
- Unescorted guests and people under 18 years old are prohibited from using the golf course, wood shop, tennis court, or artisan room.

## CLUB HOUSE

- Clubhouse is for use by the Board of Directors, standing committees, NH clubs, and residents.
- Electricity is turned off at **10:00 PM**.
- Facilities cannot be used for personal profit, prestige, political, or religious purposes.
- **No bathing suits or brief attire** allowed inside the Clubhouse.
- Residents may reserve the **Lounge** or **Town Hall** for private events with a **3-week advance reservation** and a fee. Visit the NHSB HOA Office for details.

## PICNIC AREA

- The picnic area and swimming pool **remain open to all residents** during events.
- The host of the event must always be present.
- Guests may only access the **Golf Room and restrooms** in the Clubhouse.
- **Children are not allowed** on the golf course or putting green.
- Reserve the Picnic Area by submitting a **Work Request** at least **3 days in advance**.

## GOLF COURSE & PUTTING GREEN

- **For adult residents and guests only. No one under 18** is allowed on the course or putting green.
- Proper attire required - no short shorts, bra tops, or shirtless men.
- Additional rules are posted at the Clubhouse and strictly enforced.

## WOOD SHOP

- **Residents personal use only** (must sign a waiver at the Administrative Office). No commercial projects.
- Open from **8:00<sup>AM</sup> to 10:00<sup>PM</sup>**.
- **Use at your own risk** - wear safety gear.
- **No one under 18** is allowed.
- Use loud equipment during the day only.
- Lockers assigned first-come, first-served.
- Limited storage available - label materials or take projects home.
- **Clean up after yourself** - no housekeeping provided.

## CERAMICS & ART ROOM

- **Residents only** (must sign a waiver at the Administrative Office).
- Open from **8:00<sup>AM</sup> to 8:00<sup>PM</sup>**.
- **No one under 18** is allowed.
- Bring your own supplies.
- Kilns are available for **authorized users only** - ask for assistance.
- **The Ceramic Club meets on Wednesdays at 9:00<sup>AM</sup>**.

## SWIMMING POOLS

- **NO LIFEGUARDS PROVIDED.** Hosts are responsible for guest safety.
- Sports Center Pool: Guests under 18 allowed from **3 PM - 5 PM** (Nov - April), **4 PM - 5 PM** (May - Oct).
- Clubhouse Pool: Guests under 18 are allowed from **9 AM - 6 PM** with an accompanying adult.
- Swim diapers are required for children that are not potty trained.
- **Pool gates must be closed and always latched.**
- No pets in the pool area
- Long hair must be tied back or covered (no hairpins or curlers).
- **No glass containers.**
- No diving, running, horseplay, or throwing objects.
- Pool rules are governed by HOA Rules & Regulations.

## WHEN TO CALL THE OFFICE FOR HELP

### Administrative Office Hours:



Call the office: **310-325-3080** for help in emergencies.

### **EMERGENCIES** are:

1. Electrical problems
2. Plumbing problems
3. Garage door stuck in a closed/open position.
4. The presence of bees or wasps

### **Monday thru Friday**

9:00<sup>am</sup> – 3:00<sup>pm</sup>

### **Closed**

12:00<sup>pm</sup> – 1:00<sup>pm</sup>

### **After-Hours / Weekends / Holidays**

**310-694-0600**

Report **ALL** problems on a written **Work Request** for the HOA to confirm and pay invoices.

- Refer to the **Maintenance Responsibility Chart** included in this Handbook. The Association is only responsible for the maintenance, repair and replacement of property that is in **common areas** and owned by all of us.
- The Association is **NOT responsible** for problems with any personal property. Those are your responsibilities, and you will need to hire an appropriate repair person.

### **ELECTRICAL** \*

- Persistent flickering of lights or power outage in any one room of a unit must first be reported to the association office. The association will investigate and diagnose the cause.

### **PLUMBING/WATER LEAKS** \*

- **TURN WATER OFF OUTSIDE OF UNIT.** All stoppages or overflow of water from any fixture within a unit must be reported to the association office during business hours. The association will investigate and diagnose the cause and location of the stoppage.
- On weekends, holidays, or after hours, residents **must first call the After-Hours Emergency Helpline above.**

- \* Unit owners/residents who contact a plumber or electrician without first notifying the association, are responsible for all costs regardless of the source of the problem.

### **DANGER NOTICE:**



When removing the washing machine, the **drainpipe must be capped** to prevent the drain from emptying out onto the condominium floor and/or into the downstairs unit!

## MAINTENANCE RESPONSIBILITY CHART

**HOA governing documents define the responsibilities. This chart is for quick reference only.**

<b>INSURANCE</b>	<b>OWNER</b>	<b>HOA</b>
Common Areas		X
Contents of units (furniture, clothing, jewelry, appliances, etc.)	X	
Improvements to unit: (carpet, hardwood floors, wallpaper, etc.)	X	
<b>WALLS, CEILINGS &amp; FLOORS</b>	<b>OWNER</b>	<b>HOA</b>
Exterior perimeter walls surrounding the unit		X
Ceiling surfaces	X	
Floor coverings: carpet, hardwood, tile, marble, granite, vinyl, etc.	X	
Floors: unfinished slab and/or sub-floors	X	
Interior walls and partitions: bedroom, dining room, etc.	X	
Interior wall surfaces and coverings: paint, wallpaper, paneling, mirrors, etc.	X	
<b>DOORS &amp; WINDOWS</b>	<b>OWNER</b>	<b>HOA</b>
Entry doors: exterior paint		X
Security doors	X	
Entry doors: door, door replacement, door frames, thresholds, weather strip, locks, hardware, interior finishing	X	
Interior doors: bedrooms, closets, bathrooms, etc., & all related framing and hardware	X	
Windows: glass, screens, weather strips, latches, hardware, drapes, blinds, etc.	X	
Window frame replacement (normal wear and tear)	X	
Window and window frame damage caused by owner, tenant, guest, etc. (replacement by the HOA and billed to the owner)	X	
<b>BALCONIES &amp; PATIOS</b>	<b>OWNER</b>	<b>HOA</b>
Balcony and patio structure (unless damaged by owner)		X
Paint/seal Balconies and Patios		X
Back patio enclosures	X	
Clean balcony surfaces	X	
Doors, door casings, thresholds, flashing, weather strips, caulking, door guides, and any other related hardware and sealants associated with the Balcony or Patio doors	X	
<b>ELECTRICAL</b>	<b>OWNER</b>	<b>HOA</b>
Electrical and light fixtures in common areas and garages		X
Electrical panel and breakers for unit	X	
Electrical wiring in walls which serve only the unit	X	
Light switches, electrical outlets, and wall plates in unit	X	
Light fixtures in unit and on balconies and patios near entrances	X	
Telephone lines, cable television, computer lines, DSL cables, etc.	X	

<b>KITCHEN</b>	<b>OWNER</b>	<b>HOA</b>
Existing water lines and drain lines behind the walls, ceilings and under the floors ( <b>except</b> for all water lines and drain lines behind the walls, ceilings, and under the floors which exclusively serve the unit).		X
Appliances (dishwasher, refrigerator, microwave, stove, oven, range hood, fan, etc.)	X	
Cabinets and counter tops	X	
Faucet leaks	X	
Garbage disposal clogs	X	
Grout: Loose or missing grout or caulk around sinks, faucets, countertops	X	
Sink, faucet, garbage disposal, drain, trap supply lines, angle stops to the wall	X	
<b>BATHROOMS</b>	<b>OWNER</b>	<b>HOA</b>
Existing water lines and drain lines behind the walls, ceilings and under the floors ( <b>except</b> for all water lines and drain lines behind the walls, ceilings, and under the floors which exclusively serve the unit).		X
Tubs, showers, faucets, valves, shower pans, drains & drain lines that exclusively serve a unit	X	
Faucet leaks	X	
Grout: Loose or missing grout or caulk around tubs, showers, sinks, faucets, countertops	X	
Heaters & ceiling fans	X	
Toilets, tank mechanisms, wax rings, supply lines, angle stops and local stoppage (not in main line)	X	
Vanities, sinks, faucets, drains, supply lines and angle stops that exclusively serve a unit	X	
<b>MISCELLANEOUS</b>	<b>OWNER</b>	<b>HOA</b>
Pest Control: Termite, ant, and vermin treatment in Common Areas		X
Pest Control: Termite, ant, and vermin treatment in Units	X	
Fireplace exterior: chimney and chimney cap		X
Fireplace interior: flues, fireboxes, fireplace mantels and any other portion of the fireplace other than the chimney	X	
Fireplace: cleaning of chimney interior (sweep)	X	
Attics	X	
Garage storage spaces	X	
Incline chair and ramp installed by owner; must be removed by owner when no longer needed or when owner vacates the unit	X	
Moisture from or around vents, A/C condenser lines	X	
Security of unit and garage	X	
Thermostats, HVACs, and radiant ceiling heaters	X	
Washer and Dryer including vent lines	X	
Water heater & cover	X	



# WORK REQUEST & SUGGESTION FORM

Phone: (310) 325-3080  
Email: admin@nhsb.org

## USE ONE FORM FOR EACH CATEGORY REQUEST

This form is the Resident & Owner's method of addressing the Board of Directors. IF YOU WANT ACTION, PUT IT IN WRITING!

1. Please fill in the form completely.
2. Explain your subject in detail. For more space, use the back of the form.
3. Except for safety issues or ongoing damage, work requests are processed based on date of receipt.

Dept: _____ For Office Use ONLY <b><u>DO NOT WRITE IN THIS BOX</u></b>
--

\*\*\*\*\*

Date \_\_\_\_\_ Building # \_\_\_\_\_ 3 Digit Unit # \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

**Choose one (1) Category:**

Plumbing  Landscape/Sprinklers  Lights  Rodents/Pests  Garages  Other

Request/Suggestion: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

=====

<b>Office Use Only Do Not Write Below This Line</b>	
REQUEST NO. _____	
Department Chairperson: _____	Checked By: _____
<b><u>Action or Work Performed:</u></b> _____	
_____	
<b><u>Material or Special Tools Used:</u></b> _____	
_____	
Work completed by: _____	Date Completed: _____
<b>Remarks:</b> _____	
_____	

Continued from other side:

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**Work Requests can also be submitted through PMP Gateway.**

## PMP GATEWAY

**Online Resident Portal**

**With PMP GATEWAY you can:**

- [Pay Your Assessments](#)
- [Open Maintenance Requests](#)
- [Access Documents & Forms](#)
- [And much more!](#)

1. Log in at [connect.pmpmanage.com](http://connect.pmpmanage.com)
2. Click "**PAYMENTS.**"
3. Select your payment **options.**
4. Explore additional **features:**
  - Communication Preferences
  - Community Updates
  - HOA Documents
  - Submit & View Requests
  - Communicate with Management



**After-Hours Helpline**

**Call:**

**310-694-0600**

**Choose Option 1**

***press the (\*) for a live operator.***

**ARCHITECTURAL**



**NEW HORIZONS SOUTH BAY ASSOCIATION  
ARCHITECTURAL CHANGE REQUEST FORM**

This form is designed to expedite your architectural request. Please allow thirty (30) days for the architectural committee to contact you.

**Owner's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Tel. #:** \_\_\_\_\_

**Building #:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**ARE YOU THE OWNER OF THE PROPERTY AS DESCRIBED ABOVE? Yes No (circle one)**



If not, are you an agent working on behalf of the owner? **Yes No (circle one)**

Name: \_\_\_\_\_ Relationship/Agent: \_\_\_\_\_

See page 2 of this form and choose from the list of modifications (a) through (x) which one(s) best defines the nature of your request. Write your choice(s) below:

\_\_\_\_\_

If your request is not listed or needs further clarification, please describe your request in detail including the location if applicable and attach it as a separate page along with this request form for review.

**Proposed Start Date:** \_\_\_\_\_

**Proposed Completion Date:** \_\_\_\_\_

Note: A City permit may be required for construction changes. Please check with the City of Torrance.

All architectural requests should be accompanied by any of the following that are applicable to your request:

1. A description of the proposed additions and/or modifications, including, as needed, a written description (including size, shape, color, material, etc.), pictures, drawings, diagrams, plans, specifications, schematics, elevations, and a plot plan showing the location of the proposed improvements or structure.
2. Set of construction plans (only required if request is a major remodel).

**OFFICE USE ONLY:**

Architectural Committee Chairperson: \_\_\_\_\_ Date Received: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_ Project Specifications signed & submitted: \_\_\_\_\_

Contractors' information submitted: License \_\_\_\_\_ Bond \_\_\_\_\_ Insurance \_\_\_\_\_



# CAREGIVER POLICY AND PROCEDURES

Both RESIDENT and All Caregivers (Full and Part-Time) must complete and sign this 2-page CAREGIVER'S REGISTRATION APPLICATION and receive a copy.

## WRITTEN AUTHORIZATION IS REQUIRED

- LIVE-IN/FULL-TIME CAREGIVERS - can only provide such care, based on a written request from the Resident's physician. All FULL-TIME CAREGIVERS MUST ATTEND ORIENTATION.
- PART-TIME CAREGIVERS – no physician's request is required/nor is Orientation Meeting required.

## NHSB COMMUNITY AMENITIES

- ENTRY KEY CARDS – will not be issued to Caregivers.
- Caregivers DO NOT have personal use of the recreation facilities and amenities.
- Caregivers and Relief Caregivers are not permitted to bring children to work.

## RULES REGARDING CAREGIVERS

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1. The RESIDENT must notify the Administration Office when engaging Caregivers.
2. Residents must inform the Office of any changes in Caregivers, or multiple Caregivers, (e.g., day shift/night shift caregivers)
3. CAREGIVER I.D. BADGES are required to be worn by ALL CAREGIVERS in the common areas. A **Deposit Fee** is required to obtain **New Horizons I.D. Badge**. This is refunded when the badge is returned to the office within 30 days of departure.
4. FULL-TIME CAREGIVERS - must always be with the patient when in the Common Area. Running Resident Errands is the exception.
5. The NHSB Vehicle Permit Sticker is required for Caregiver parking. Obtain it from the office at **no cost**.
6. SAFETY & EMERGENCY: All Caregivers must know the following.
  - a. The location of the building's FIRE EXTINGUISHER
  - b. The location of the condominium unit WATER TURN-OFF
  - c. Wipes must be DISPOSED OF in the trash. NEVER DISPOSE WIPES (of any kind) down the drain or toilet as it CLOGS the plumbing.

<b>Resident Signature:</b>	<b>Date:</b>
_____	_____
<b>Caregiver Signature:</b>	<b>Date:</b>
_____	_____
<b>Orientation Interview Signature:</b>	<b>Date:</b>
_____	_____
<b>Orientation Manager's Signature</b>	<b>Date:</b>
_____	_____

# NEW HORIZONS SOUTH BAY ASSOCIATION

## CAREGIVER'S REGISTRATION APPLICATION

<b>Unit #</b>	<b>Bldg. #</b>	<b>Start Date:</b>
Resident's Name	_____	
Resident's Address	Phone #	_____
Physician Request for Full Time Caregiver (Attached)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## PRIMARY CAREGIVER'S INFORMATION

<b>Name</b>	<b>DOB</b>
_____	_____
<b>Address</b>	<b>Just Day Care</b> <input type="checkbox"/>
_____	_____
<b>Work Hours</b>	<b>Start Date</b>
_____	_____

### Emergency Contact for Primary Caregiver

<b>Name</b>	<b>Relationship</b>
_____	_____
<b>Address</b>	<b>Phone</b>
_____	_____

## SECONDARY CAREGIVER'S INFORMATION

<b>Name</b>	<b>DOB</b>
_____	_____
<b>Address</b>	<b>Just Day Care</b> <input type="checkbox"/>
_____	_____
<b>Work Hours</b>	<b>Start Date</b>
_____	_____

### Emergency Contact for Primary Caregiver

<b>Name</b>	<b>Relationship</b>
_____	_____
<b>Address</b>	<b>Phone</b>
_____	_____

## SOCIAL ACTIVITIES AND CLUBS

CLUB	Meeting Date / Time	Location
Arts Club	Sundays - 12:30 <sup>pm</sup> to 2:30 <sup>pm</sup>	Ceramics Room
Bingo	2 <sup>nd</sup> Thursday of the Month	Town Hall
Bunco (Tuesday & Thursday)	2 <sup>nd</sup> Tuesday of the Month - 6 <sup>pm</sup> to 8 <sup>pm</sup> 4 <sup>th</sup> Thursday of the Month - 6 <sup>pm</sup> to 8 <sup>pm</sup>	Lounge
Book Club	3 <sup>rd</sup> Monday of the Month	Lounge
Bridge – Monday	Mondays - Noon to 4 <sup>pm</sup>	Town Hall
Ceramics - (Registration Required)	Wednesdays - 9 <sup>am</sup> to 1 <sup>pm</sup>	Ceramics Room
CIC - Condo Improvement Club	4 <sup>th</sup> Wednesday - 6 <sup>pm</sup>	Lounge
Civic Affairs	3 <sup>rd</sup> Tuesday of the Month - 2 <sup>pm</sup>	Lounge
Conservation Club	Every other month, 3 <sup>rd</sup> Thursday -11 <sup>am</sup>	Lounge
DMT (Disaster Management Team)	Every other month, 1 <sup>st</sup> Tuesday -11 <sup>am</sup>	Lounge
Golf: Ladies	Thursdays - 9 <sup>am</sup>	Golf Course
Golf: Men's	Wednesdays - 8:30 <sup>am</sup>	Golf Course
Neighborhood Watch Group	2 <sup>nd</sup> Wednesday – 4 <sup>pm</sup>	Lounge
Picnic Fun Club	2 <sup>nd</sup> Thursday of the Month - 10 <sup>am</sup>	Lounge
Scrabble	Every other Friday - 2 <sup>pm</sup> - 4 <sup>pm</sup>	Lounge
Tennis / Pickleball Committees	To Be Established	Tennis Court
Woodshop (Registration Required)		

Information may change. Please check the website or bulletin board for updates.

# New Horizons RECYCLES!



**Large Blue bins** are for household recyclables: paper, cardboard, glass jars, bottles, and plastics.

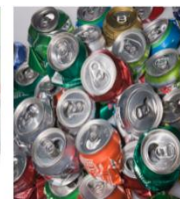


**Large Green bins** are for organic waste like yard trimmings.




## Conservation Club Recycling Program

The **Conservation Club** organizes a recycling program. **Please do your part by recycling your clean CA-CRV aluminum cans and CA-CRV plastic bottles in our NH Conservation Club Recycling Program bins listed below.**

- All proceeds are donated back to our NH Community through projects and purchases to improve/enhance our community.
- Volunteers to help recycle are always needed



- **CA CRV Plastic Beverage Bottles**
- **Aluminum Cans**
- **No Glass**

Bin Type	Area	Access	Garage
  	<b>1</b>	<b>1</b>	<b>Clubhouse</b>
		<b>2</b>	<b>P</b>
		<b>3</b>	<b>N</b>
		<b>4</b>	<b>M</b>
		<b>5</b>	<b>L</b>
	<b>2</b>	<b>6</b>	<b>BB</b>
		<b>7</b>	<b>End of Parking Lot</b>
	<b>3</b>	<b>9</b>	<b>J</b>
		<b>12</b>	<b>H</b>
	<b>4</b>	<b>11</b>	<b>MM</b>
		<b>14</b>	<b>OO</b>
	<b>5</b>	<b>1</b>	<b>Bullpen / Corral</b>
<b>13</b>		<b>G</b>	
<b>21</b>		<b>E</b>	
<b>6</b>	<b>17</b>	<b>PP</b>	
	<b>16</b>	<b>SS</b>	
	<b>20</b>	<b>UU</b>	
	<b>22</b>	<b>VV</b>	

**DISASTER MANAGEMENT TEAM  
HOW TO USE THE HELP/OK SIGN**

Use the “**HELP/OK**” sign to alert First Responders, Disaster Team, or Neighbors if you need Help.

*Keep it handy.*

In case of a major Disaster, place it on your front door or window so it is visible from the street.



or



# IMPORTANT TORRANCE ADDRESS/PHONES

**FOR ALL EMERGENCIES: MEDICAL / FIREPOLICE / DISASTER - DIAL 911**

	Address	Phone Number
For all City of Torrance services and information:		
<b>City Website: <a href="https://www.torranceca.gov/">https://www.torranceca.gov/</a></b>		
Torrance City Hall	3031 W. Torrance Blvd.	310-328-5310
City of Torrance Chamber of Commerce	3400 Torrance Blvd	310-540-5858
<b>Education</b>		
City of Torrance Adult Schools:		
Griffith Adult Center	2291 Washington Ave.	310-533-4689
Hamilton Adult Center	2606 W. 182 <sup>nd</sup> Street	310-533-4689
J.H. Hull Adult Center	2080 231 <sup>st</sup> St.	310-533-4459
Levy Adult Center	3420 W. 229 <sup>th</sup> St.	310-533-4689
El Camino Community College	16007 Crenshaw Blvd.	310-532-3670
<b>Services:</b>		
Electricity - So. Cal. Edison		800-655-4555
Fire Dept. City of Torrance 310-781-7042	1701 Crenshaw Blvd.	<b>911</b>
Highway Conditions – Calif. Only		800-427-7623
<b>HOSPITALS</b>		
Torrance Memorial Medical Center	3330 Lomita Blvd.	310-325-9110
Little Company of Mary Hospital	4101 Torrance Blvd.	310-540-7676
Kaiser Hospital	20790 Madrona	833-574-2273
<b>Library</b> - Katy Geissert Civic Center Library	3301 W. Torrance Blvd.	310-618-5959
<b>DMV</b> – Department of Motor Vehicles	1785 W. 220 <sup>th</sup> St.	800-777-0133
<b>Poison Control</b> (Emergency 24 Hours Hot Line)		800-222-1222
<b>Poison Control</b> – Animals ( <b>ASPCA</b> )		888-426-4435
<b>Police</b> , Torrance (Non-emergency)	3300 Civic Center Drive	310-328-3456
<b>Post Office</b> , U.S.	2510 Monterey	800-275-8777
<b>SENIOR SERVICES</b>		
Torrance YMCA Senior Center, Senior Meal Program	2900 Sepulveda Blvd	310-325-5885 310-602-4883
Elder Abuse	24 Hour Hot Line	877-477-3646
Meals on Wheels (East of Hawthorne)		310-542-3434
Senior Center, Bartlett	1318 Cravens Ave.	310-320-5918
*Senior Info & Referral Svc - H.E.L.P. (Legal)	1404 Cravens Ave.	310-533-1996
Senior Volunteers	1230 Cravens	310-212-7997
Torrance Transit Program, Senior Taxi & Dial-a-Taxi (for Registration & Tickets)	West Annex Transit Center 3031 Torrance Blvd.	310-781-2174 310-618-2536
Social Security Administration	20000 Mariner Ave #150 Torrance, CA 90503	800-772-1213
<b>Veteran Affairs</b>		800-827-1000
<b>Voters Information</b>		800-815-2666
<b>*H.E.L.P. ONLINE:</b>	<a href="http://www.help4srs.org/guide">www.help4srs.org/guide</a>	On-line Only
<b>Other City of Torrance Phone Numbers:</b>		
City Manager's Office		310-618-5880
Graffiti Hotline		310-781-7149
Coyote Sighting Hotline		310-618-3898
Public Works		310-781-6900
Large Item, Illegal Dumping		855-354-5623

# VIAL OF LIFE – 2-SIDED, 2 PERSON FORM

## Torrance Fire Department VIAL OF LIFE

**PERSON 1**

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
 Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Hospital \_\_\_\_\_  
 Hospital Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Language Spoken in Home \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

**MEDICAL INFORMATION**

**Medications Taken:**

**Dosage:**

Heart Trouble? Yes  No  1. \_\_\_\_\_  
 Diabetic? Yes  No  2. \_\_\_\_\_  
 History of Stroke? Yes  No  3. \_\_\_\_\_  
 Normal Pulse Rate \_\_\_\_\_ 4. \_\_\_\_\_  
 Blood Pressure \_\_\_\_\_ / \_\_\_\_\_ 5. \_\_\_\_\_  
 Ailments \_\_\_\_\_  
 Allergies \_\_\_\_\_

**Recent or Previous Major Surgery: (give dates)**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

**Place an X in the box if it applies:**

- |  |   |   |                                      |
|--|---|---|--------------------------------------|
| <input type="checkbox"/> Speech Problem      | <input type="checkbox"/> Mute   | <input type="checkbox"/> Blind  | <input type="checkbox"/> Deaf        |
| <input type="checkbox"/> Contact Lenses      | <input type="checkbox"/> Eye Glasses  | <input type="checkbox"/> Intraocular Lens   | <input type="checkbox"/> Hearing Aid |
| <input type="checkbox"/> Dentures            | <input type="checkbox"/> Partial Plate  | <input type="checkbox"/> Heart Pacemaker  | <input type="checkbox"/> Kidney      |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Pregnant   | <input type="checkbox"/> Confined to Bed  | <input type="checkbox"/> Use Walker  |
| <input type="checkbox"/> Use Wheelchair      | <input type="checkbox"/> Hard of Hearing:<br><input type="checkbox"/> Left <input type="checkbox"/> Right | <input type="checkbox"/> Dialysis:<br><input type="checkbox"/> In Home <input type="checkbox"/> In Hospital |                                      |

**Wear Artificial:**

<b>L</b>	<b>R</b>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Anything Special We Should Know About Your Health:**

Arm  
 Leg  
 Glass Eye  
 Ear  
 Nose  
 Other

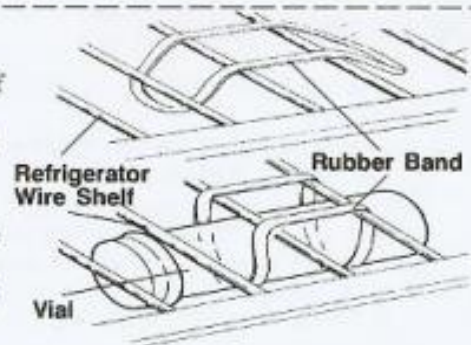
\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**In Emergency Notify:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

**INSTRUCTIONS**

- Fill out the above information completely. Ask your doctor to help you if necessary.
- Cut along the dotted line—fold the top half of this form lengthwise, roll it up and place it in the plastic vial.
- Keep this vial containing your medical information in your refrigerator. Attach it to a shelf with the rubber band provided, so it will not get lost.
- Place the "Vial of Life" sticker on the door of your refrigerator. Fire Fighters, paramedics and Emergency Medical Technicians will see it and look inside the refrigerator for the vial containing your personal medical information.



# Torrance Fire Department

## VIAL OF LIFE

**PERSON 2**

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
 Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Hospital \_\_\_\_\_  
 Hospital Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Language Spoken in Home \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

### MEDICAL INFORMATION

#### Medications Taken:

#### Dosage:

Heart Trouble? Yes  No  1. \_\_\_\_\_  
 Diabetic? Yes  No  2. \_\_\_\_\_  
 History of Stroke? Yes  No  3. \_\_\_\_\_  
 Normal Pulse Rate \_\_\_\_\_ 4. \_\_\_\_\_  
 Blood Pressure \_\_\_\_\_ / \_\_\_\_\_ 5. \_\_\_\_\_  
 Ailments \_\_\_\_\_  
 Allergies \_\_\_\_\_

#### Recent or Previous Major Surgery: (give dates)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

#### Place an X in the box if it applies:

<input type="checkbox"/> Speech Problem	<input type="checkbox"/> Mute	<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf
<input type="checkbox"/> Contact Lenses	<input type="checkbox"/> Eye Glasses	<input type="checkbox"/> Intraocular Lens	<input type="checkbox"/> Hearing Aid
<input type="checkbox"/> Dentures	<input type="checkbox"/> Partial Plate	<input type="checkbox"/> Heart Pacemaker	<input type="checkbox"/> Kidney
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Pregnant	<input type="checkbox"/> Confined to Bed	<input type="checkbox"/> Use Walker
<input type="checkbox"/> Use Wheelchair	<input type="checkbox"/> Hard of Hearing: <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Dialysis: <input type="checkbox"/> In Home <input type="checkbox"/> In Hospital	

#### Wear Artificial:

<b>L</b>	<b>R</b>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

#### Anything Special We Should Know About Your Health:

Arm  
 Leg  
 Glass Eye  
 Ear  
 Nose  
 Other

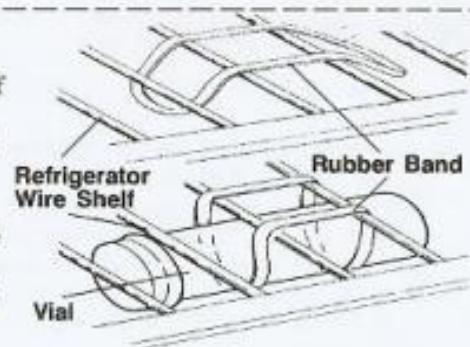
\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### In Emergency Notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

### INSTRUCTIONS

1. Fill out the above information completely. Ask your doctor to help you if necessary.
2. Cut along the dotted line—fold the top half of this form lengthwise, roll it up and place it in the plastic vial.
3. Keep this vial containing your medical information in your refrigerator. Attach it to a shelf with the rubber band provided, so it will not get lost.
4. Place the "Vial of Life" sticker on the door of your refrigerator. Fire Fighters, paramedics and Emergency Medical Technicians will see it and look inside the refrigerator for the vial containing your personal medical information.



# INSURANCE INFORMATION SUMMARY



## Insurance Information and Recommended Coverage for the NEW HORIZONS SOUTH BAY ASSOCIATION

Our agency is pleased to have been retained as the insurance service provider for the New Horizons South Bay Association effective 1/30/2025. Due to the major changes in the insurance industry, as well as the Association's insurance policy, it is imperative that all owners review their current coverage with the assistance of an insurance agent/company. To ensure that all homeowners are maintaining proper limits of insurance, please review the information below and on the reverse.

**Recommended Individual Unit Owner Insurance Coverage:** Whether you personally occupy your unit or have a tenant, please inform your personal insurance agent that you need an HO-6 insurance policy. **It is recommended that Owners insure all interior items that are a part of the building or structure.** Examples: plumbing and electrical fixtures; cabinetry, countertops, appliances, floor coverings, ceiling coverings, wall coverings, etc. It is also important to cover your personal contents, liability, loss of use, loss assessment, and earthquake insurance coverage for your interior. Please refer to the recommended insurance coverage checklist on the reverse side of this document for more information, including recommended limits.

**Individual Assessments and the Association's Deductible:** All homeowners should consider insurance to cover assessments levied by the Association, as well as coverage which helps the individual homeowner pay for the Association's \$100,000 deductible.

**IMPORTANT:** If the total insurance limit of \$5M is exhausted, a special assessment will be levied to each owner. Individual Loss Assessment protects you, so we recommend the highest possible coverage, usually \$50,000.

Through an effective individual unit owner policy (HO-6) coverage for your Association deductible can be easily obtained. Please talk to your individual insurance agent.

**How to Obtain a Certificate of Insurance:**

Certificates of Insurance (available to financial institutions for loan purposes) may be obtained by visiting [www.EOIDirect.com](http://www.EOIDirect.com) or contacting their help desk at (877) 456-3643.

**How to File a Claim:**

If you have a claim, notify your Association's management company and your own homeowner's insurance carrier.

*The above information is provided to assist in understanding the basic coverage on the Association's and Unit Owner's policies. For final coverage determination, the policies should be reviewed*



### Recommended Insurance Coverage for Building Property:

Insurable Property	Insured by HOA	Insured by Homeowner
Exterior Building Structure	X	
Building Utility Installations	X	
Drywall of Unit as Originally Constructed		X
Rough Plumbing and Electrical		X
Flooring and Wall Coverings		X
Countertops		X
Cabinetry		X
Appliances		X
Plumbing and Electrical Fixtures		X
Fixtures within Residential Unit		X
Windows		X
Entry Door	X	

In addition to purchasing appropriate limits of building insurance coverage for replacement of the residential unit interiors, all owners should maintain coverage for the following items which are not covered by the Association Policy:

- **Personal Liability** coverage to protect owners from liability incidents within the residences.
  - ❖ *Minimum Recommended Limit: \$500,000*
- **Guest Medical** coverage to provide no-fault medical coverage for incidents of personal injury to guests within the residential unit.
  - ❖ *Minimum Recommended Limit: \$1,000*
- **Loss of Use** coverage to collect funds associated with alternative living accommodations in the event of the residential unit being uninhabitable due to an insured loss.
  - ❖ *Minimum Recommended Limit: Dependent on Each Particular Owners' Needs*
- **Loss Assessment** coverage to cover special assessments that may be levied upon the homeowner in the event of liability for a loss.
  - ❖ *Minimum Recommended Limit: \$50,000, or higher if available.*
- **Personal Property** coverage to ensure replacement of personal items such as couches, TVs, desks, chairs, tables, computers, clothing, etc. in the event of a loss.
  - ❖ *Minimum Recommended Limit: Dependent on Each Particular Owners' Needs*

*The above information is provided to assist in understanding the basic coverage on the Association's and Unit Owner's policies. For final coverage determination, the policies should be reviewed.*