

## **CERTIFICATE OF LIABILITY INSURANCE**

**DATE (MM/DD/YYYY)** 07/20/2020

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).

| \                                  |   |          |  |
|------------------------------------|---|----------|--|
| PRODUCER                           | CONTACT<br>  NAME: Bridgette Tabor                      |          |  |
| Kirk Miller Insurance Agency, Inc. | PHONE (A/C, No, Ext): 858.400.4504 FAX (A/C, No): 858.8 | 375.0667 |  |
| 10636 Scripps Summit Ct, Ste 110   | E-MAIL<br>ADDRESS: hoacerts@kirkmillerinsurance.com     |          |  |
| San Diego, CA 92131-3965           | INSURER(S) AFFORDING COVERAGE                           | NAIC #   |  |
| (858) 400-4504                     | INSURER A: Farmers Insurance Exchange                   | 21652    |  |
| INSURED                            | INSURER B: Mid-Century Insurance Company                | 21687    |  |
| Park Villas North HOA              | INSURER C: National Surety Corporation                  | 21881    |  |
| c/o Castle Breckenridge Management | INSURER D :   |          |  |
| 5185 Comanche Drive Suite D        | INSURER E :   |          |  |
| La Mesa, CA 91942                  | 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 | ACEOSIONS AND CONDITIONS OF SOCH                          | ADDL |                        | POLICY EFF | POLICY EXP   |   |              |
|------|---|------|------------------------|------------|--------------|---|--------------|
| LTR  |   | INSR |                        |            | (MM/DD/YYYY) | LIMIT                                     | S            |
| A    | GENERAL LIABILITY   |      | 60680-11-48            | 7/17/2020  | 7/17/2021    | EACH OCCURRENCE                           | \$1,000,000  |
|      | X COMMERCIAL GENERAL LIABILITY                            |      |                        |            |              | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$75,000     |
|      | CLAIMS-MADE X OCCUR                                       |      |                        |            |              | MED EXP (Any one person)                  | \$5,000      |
|      |   |      |                        |            |              | PERSONAL & ADV INJURY                     | \$1,000,000  |
| A    | X Directors & Officers                                    |      |                        |            |              | GENERAL AGGREGATE                         | \$2,000,000  |
|      | GEN'L AGGREGATE LIMIT APPLIES PER:                        |      |                        |            |              | PRODUCTS - COMP/OP AGG                    | \$1,000,000  |
| А    | X POLICY PRO-<br>JECT LOC                                 |      | 60680-11-48            | 7/17/2020  | 7/17/2021    | D & O                                     | \$1,000,000  |
| A    | AUTOMOBILE LIABILITY                                      |      | 60680-11-48            | 7/17/2020  | 7/17/2021    | COMBINED SINGLE LIMIT (Ea accident)       | \$1,000,000  |
|      | ANY AUTO  |      |                        |            |              | BODILY INJURY (Per person)                | \$           |
|      | ALL OWNED SCHEDULED AUTOS AUTOS                           |      |                        |            |              | BODILY INJURY (Per accident)              | \$           |
|      | X HIRED AUTOS X NON-OWNED AUTOS                           |      |                        |            |              | PROPERTY DAMAGE (Per accident)            | \$           |
|      |   |      |                        |            |              |   | \$           |
| С    | UMBRELLA LIAB OCCUR                                       |      | SUO00032415325-56153-1 | 7/17/2020  | 7/17/2021    | EACH OCCURRENCE                           | \$15,000,000 |
|      | X EXCESS LIAB CLAIMS-MADE                                 |      |                        |            |              | AGGREGATE                                 | \$15,000,000 |
|      | DED RETENTION \$  |      |                        |            |              |   | \$           |
| В    | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY             |      | A09506973              | 7/17/2020  | 7/17/2021    | X WC STATU- OTH-<br>TORY LIMITS ER        |              |
|      | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A  |                        |            |              | E.L. EACH ACCIDENT                        | \$1,000,000  |
|      | (Mandatory in NH)   |      |                        |            |              | E.L. DISEASE - EA EMPLOYEE                | \$1,000,000  |
|      | If yes, describe under<br>DESCRIPTION OF OPERATIONS below |      |                        |            |              | E.L. DISEASE - POLICY LIMIT               | \$1,000,000  |
| А    | Building - 100% Replacement                               |      | 60680-11-48            | 7/17/2020  | 7/17/2021    | \$ 33,130,775 AAV                         | \$ 5,000 DED |
| A    | Crime / Fidelity  |      | 60680-11-48            | 7/17/2020  | 7/17/2021    | \$ 1,000,000                              | \$ 5,000 DED |
| A    | Mech Breakdown/Building Ord                               |      | 60680-11-48            | 7/17/2020  | 7/17/2021    | Included                                  |              |

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

General Certificate, Multiple Addresses, San Diego, CA 92108

Building Coverage is "Bare-Walls" and includes Agreed Amount with Extended Coverage to \$49,696,162. (296 Units)

| CERTIFICATE HOLDER   | CANCELLATION   |
|--|--|
| Castle Breckenridge Management . 5185 Comanche Drive Suite D La Mesa, CA 91942 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| Loan Number: .   | AUTHORIZED REPRESENTATIVE  |

# **MEMO**

**TO:** Mortgage Processors

FROM: Kirk Miller Insurance Agency, Inc. 10636 Scripps Summit Ct #110 San Diego, CA 92131-3965

hoacerts@kirkmillerinsurance.com

Visit <u>www.insuremyhoa.com</u> for more info... CA DOI #0K05931

## The Master Insurance Policies for this community include the following:

- 1) Building Ordinance or Law Coverage / Contingent Liability
  - a) Loss In Value
  - b) Increased Cost of Demolition
  - c) Increased Cost of Construction
- 2) Separation of Insureds (Severability of Interests)
- 3) Property Management is included as an insured on;
  - a) General Liability (CGL)
  - b) Directors & Officers (D&O)
  - c) Employee Dishonesty/Fidelity (Crime)
- 4) Property Coverage is Special Form/All-Risk unless otherwise indicated;
  - a) Wind/Hail is included and not subject to difference provisions.
  - b) Inflation Guard is included with Farmers/Truck Insurance Exchanges and Mid-Century.
  - c) 100% is Indicative of a current Building Reconstruction Cost valuation on file with the agency.
- 5) Mechanical Breakdown (Boiler & Machinery) is included when indicated at the Building Limit.
- 6) Fidelity/Crime coverage is inclusive of Computer Fraud and Funds Transfer Fraud in compliance with §5806
- 7) Policy Cancellation Provisions:

There is a 10-day notice of cancellation for non-payment of premiums, and a 30-day notice of cancellation for all other reasons to the Association Insurance Trustee.

#### Other Information:

- "GRC" means Guaranteed Replacement Cost (coinsurance waived)
- "AAV" means Agreed Amount Value (coinsurance waived)
- "RCV" means Replacement Cost Value (coinsurance does not apply when insured at 100%)
- "ERC" means Extended Replacement Cost

### **Unit Owners Coverage Information (Coverage Per Governing Documents)**

- "Al" or "All-In" means including betterments and improvements
- "SE" or "Single Entity" means including Unit Interiors, but excluding betterments and improvements
- "BW" or "Bare-Walls" means excluding unit interiors beyond unfinished surfaces
- "PUD" or "Planned Unit Development" typically means common area coverage only

Our Agency will provide an Interior Brokers Price Opinion upon request at no charge for HO6 policies. The amount of coverage necessary under an HO6 insurance policy would be determined as a result of collaboration between the insurer and the borrower. The amount of insurance coverage determined in this manner may or may not be based on a percentage of the condo unit's appraised value.

To obtain this free HO6 price opinion and quote, please send your request with the following information by email to <a href="mailto:info@kirkmillerinsurance.com">info@kirkmillerinsurance.com</a> with property appraisal including interior photos.