

9/27/2019

Meridian Woods Association

Civil Code 5300(b)(9) Disclosure Summary Form

<u>Property: Harco National Insurance Company: 10/15/2019 - 10/15/2020</u> \$71,562,883 Special Form (wind included), Guaranteed Replacement Cost Basis with no co-insurance and a \$5,000 Deductible per Occurrence (\$25,000 Deductible for water related losses). Equipment Breakdown coverage is included.

General Liability: Harco National Insurance Company: 10/15/2019 - 10/15/2020 \$1,000,000/\$2,000,000 per Occurrence/General Aggregate with a \$0 Deductible. \$1,000,000 Non-Owned and Hired Automobile Liability is included in this policy.

<u>Umbrella Liability: National Surety Corporation: 10/15/2019 - 10/15/2020</u> \$15,000,000 Each Occurrence/General Aggregate with a \$0 self insured retention each occurrence.

<u>Directors' and Officers' Liability: Continental Casualty Company: 10/15/2019 - 10/15/2020</u> \$1,000,000 per Occurrence/General Aggregate with a \$1,000 Retention per Occurrence.

Employee Dishonesty: Continental Casualty Company: 10/15/2019 - 10/15/2020 \$1,000,000 per Occurrence with a \$1,000 Deductible.

Workers' Compensation: No Coverage through our Agency.

Earthquake Insurance: No Coverage through our Agency.

Flood: No Coverage through our Agency.

This summary of the Association's policies of insurance provides only certain information, as required by subdivision (b) of 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.

For lender and/or unit specific Evidence of Insurance please call EOI Direct at 877-456-3643. For general proof of insurance please contact Socher Insurance at 877-317-9300



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 12/30/2019

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.

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PRODUCER	CONTACT NAME:					
Socher Insurance Agency, Inc.	PHONE (A/C, No, Ext): (877) 317-9300	FAX (A/C, No): (877)	317-9305			
Socher Insurance Agency, Inc. 1350 Old Bayshore Highway #630 Burlingame, CA 94010	E-MAIL ADDRESS: info@hoainsurance.net PRODUCER CUSTOMER ID: MERIWOO-01					
	INSURER(S) AFFORDING	COVERAGE	NAIC #			
INSURED	INSURER A: Harco National Insurar					
Meridian Woods Association	INSURER B : Continental Casualty C	Company				
Management Solutions	INSURER C:					
6200 Buena Vista Dr. Newark. CA 94560	INSURER D:					
Newai K, CA 94500	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Please see Certificate of Liability, Acord 25, for remaining coverage.
Equipment Breakdown coverage included. Crime/Employee Dishonesty/Fidelity Bond includes Property Manager as an Employee.

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	R TYPE OF INSURANCE		SURANCE	POLICY NUMBER POLICY EFFECTIVE DATE (MM/DD/YYYY) POLICY EXPIRATI					LIMITS	
Α	Х	PROPERTY					Х	BUILDING	\$	71,562,883
	CAL	JSES OF LOSS	DEDUCTIBLES	RDN0005380-00	10/15/2019	10/15/2020	Х	PERSONAL PROPERTY	\$	25,000
		BASIC	BUILDING 5,000					BUSINESS INCOME	\$	
		BROAD	CONTENTS					EXTRA EXPENSE	\$	
	X	SPECIAL	CONTENTO					RENTAL VALUE	\$	
		EARTHQUAKE						BLANKET BUILDING	\$	
		WIND						BLANKET PERS PROP	\$	
		FLOOD						BLANKET BLDG & PP	\$	
	Х	Water Ded:	25,000				Х	Ord Cov B:	\$	3,578,144
	Х	Ord Cov A: Incl					Х	Ord Cov C:	\$	7,156,288
		INLAND MARINE		TYPE OF POLICY					\$	
	CAL	JSES OF LOSS							\$	
		NAMED PERILS		POLICY NUMBER					\$	
									\$	
В	Х	CRIME					Х	Deductible: \$1,000	\$	1,000,000
	TYF	PE OF POLICY							\$	
	Fic	delity Bond		618821278	10/15/2019	10/15/2020			\$	
	BOILER & MACHINERY /								\$	
		EQUIPMENT BRI	EAKDOWN						\$	
									\$	
ı									\$	

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Special Form (wind included), Guaranteed Replacement Cost Basis with No Co-Insurance. 282 Units. Policy is Walls In excluding Betterments & Improvements. Severability of Interest included on Package Policy.

CERTIFICATE HOLDER	CANCELLATION
for informational purposes	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



JMATTSON



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/30/2019

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.

Meridian Woods Association				CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: inf	(877) 3	17-9300	FAX (A/C, No):	(877) 3	17-9305
ld Bayshore Ĥighway #630 ame, CA 94010 				(A/C, No, Ext):	(877) 3	17-9300	(A/C, No)-	(877) 3	17-9305
name, CA 94010 Meridian Woods Association				E-MAIL ADDRESS: inf			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(0, 0	
Meridian Woods Association					fo@hoa	ainsurance	.net		
Meridian Woods Association				INSURER(S) AFFORDING COVERAGE					NAIC #
Meridian Woods Association							urance Company		
Meridian Woods Association		INSURED			INSURER B : National Surety Corporation				
	Meridian Woods Association			INSURER C : Continental Casualty Company					
Management Solutions 6200 Buena Vista Dr.									
			INSURER D:						
Newark, CA 94560				INSURER E :					
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TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLIC (MM/D	CY EFF D/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE X OCCUR			RDN0005380-00	10/1	5/2019	10/15/2020	DAMAGE TO RENTED	\$	1,000,000
									5,000
									1,000,000
ENIL ACCRECATE LIMIT APPLIES DED									2,000,000
									2,000,000
							PRODUCTS - COMP/OP AGG	*	
							COMBINED SINGLE LIMIT	<u> </u>	1,000,000
			DDN0005000 00	40/4/	40/45/0040	40/45/0000	(Ea accident)	<u> </u>	1,000,000
			RDN0005380-00	10/1:	5/2019	10/15/2020	BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
								\$	4F 000 000
			011000000115005 00510		E/0040	40/45/0000	EACH OCCURRENCE	\$	15,000,000
_			50000032415325-23546	-3 10/1:	5/2019	10/15/2020	AGGREGATE	\$	15,000,000
DED X RETENTIONS								\$	
PRKERS COMPENSATION D EMPLOYERS' LIABILITY							STATUTE ER		
Y PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
andatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
es, describe under SCRIPTION OF OPERATIONS below								\$	
rectors & Officers			618646210	10/1	5/2019	10/15/2020	Deductible: \$1,000		1,000,000
TION OF OPERATIONS / LOCATIONS / VEHICL	FS (/	CORI	101 Additional Remarks Schedu	lle may be attach	had if more	enace is requir	ad)		
see Certificate of Property, Acord 24	, for	build	ing values.	ile, may be attacr	ned if more	e space is requir	ed)		
	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR N'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- OTHER: TOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS AUTOS ONLY AUTOS HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ ORKERS COMPENSATION OF EMPLOYERS' LIABILITY OF PROPRIETOR/PARTNER/EXECUTIVE PROPRIETOR/PARTNER/EXECUTIVE OF COMMENCE OF COMMENCE SCRIPTION OF OPERATIONS below OF CONTROL OF OPERATIONS / VEHICLE TION OF OPERATIONS / LOCATIONS / VEHICLE TION OF OPERATION	RAGES CERTIFIC IS TO CERTIFY THAT THE POLICIES OF ATED. 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ACORD 25 (2016/03)

AUTHORIZED REPRESENTATIVE