



SOCHER

Corporate Headquarters
1350 Old Bayshore Hwy., Suite 630
Burlingame, CA 94010

East Bay Office
7901 Stoneridge Dr., Suite 445
Pleasanton, CA 94588

Socher Insurance Agency, Inc.
Toll-Free: 877.317.9300
Fax: 877.317.9305
www.hoainsurance.net
CA Broker License: #0C97535

February 7, 2017

BROOKTREE SQUARE HOMEOWNERS ASSOCIATION
Civil Code 5300(b)(9) Disclosure Summary Form

Property: Everest National Insurance Company: 02/14/2017 – 02/14/2018
\$7,882,444 Special Form (wind included), 100% Replacement Cost Basis with Agreed Value (No Co-Insurance) and a \$10,000 Deductible per Occurrence.

General Liability: Everest National Insurance Company: 02/14/2017 – 02/14/2018
\$1,000,000 per Occurrence / \$2,000,000 General Aggregate with a \$0 Deductible.
\$1,000,000 Non-owned and Hired Automobile Liability is included in this Policy.

Umbrella Liability: Greenwich Insurance Company: 02/14/2017 – 02/14/2018
\$5,000,000 Each Occurrence / \$5,000,000 General Aggregate with a \$0 Self Insured Retention Each Occurrence. This coverage is in excess of the General Liability, Non-owned and Hired Automobile Liability, Directors' & Officers Liability and Workers' Compensation (if applicable).

Directors' and Officers Liability: Continental Casualty Company: 02/14/2017 – 02/14/2018
\$1,000,000 per Occurrence and Annual Aggregate with a \$1,000 Retention per Occurrence.

Employee Dishonesty: Philadelphia Indemnity Insurance Company: 02/14/2017 – 02/14/2018
\$200,000 per Occurrence with a \$1,000 Deductible. Coverage is provided for both Board of Directors and employees the Association has or might have during the Policy year.

Workers' Compensation: No coverage through our agency.

Equipment Breakdown Coverage: No coverage through our agency.

Earthquake Insurance: No coverage through our agency.

Flood: Wright National Flood Insurance Company: Please see Below

Flood Insurance coverage for the following limits:

1702-1720 Flickinger Ct. San Jose, CA 95131: 09/23/2016 – 09/23/2017 Limit \$968,200 Deductible \$5,000
1701-1731 Flickinger Ct. San Jose, CA 95131: 09/23/2016 – 09/23/2017 Limit \$1,476,200 Deductible \$5,000
1750-1762 Flickinger Pl. San Jose, CA 95131: 09/23/2016 – 09/23/2017 Limit \$781,300 Deductible \$5,000
1751-1779 Flickinger Pl. San Jose, CA 95131: 09/23/2016 – 09/23/2017 Limit \$1,477,900 Deductible \$5,000
2011-2029 Flickinger Way San Jose, CA 95131: 09/23/2016 – 09/23/2017 Limit 1,809,500 Deductible \$5,000
1766-1784 Flickinger Pl. San Jose, CA 95131: 10/23/2016 – 10/23/2017 Limit \$1,125,900 Deductible \$5,000

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 LIABILITY INSURANCE

OP ID: KR

DATE (MM/DD/YYYY)

02/07/2017

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 Socher Insurance Agency, Inc. 1350 Old Bayshore Highway Suite 630 Burlingame, CA 94010 House Account		CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: BROOK-3	
INSURED Brooktree Square Homeowners Association c/o Management Solution 6200 Buena Vista Drive Newark, CA 94560		INSURER(S) AFFORDING COVERAGE NAIC #	
		INSURER A : Everest National Insurance Co	
		INSURER B : Greenwich Insurance Company	
		INSURER C : Continental Casualty Co.	
		INSURER D :	
		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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			TBD	02/14/2017	02/14/2018	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMPI/OP AGG \$ 1,000,000
							\$
A A	AUTOMOBILE LIABILITY			TBD	02/14/2017	02/14/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (PER ACCIDENT) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			PPP7441665L17A-09	02/14/2017	02/14/2018	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DEDUCTIBLE						\$
	<input checked="" type="checkbox"/> RETENTION \$ 0						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
C	Directors & Officers Liability			0251141451	02/14/2017	02/14/2018	Limit: 1,000,000
							Ded: 1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Please see Certificate of Property, Acord 24, for building values.

CERTIFICATE HOLDER		CANCELLATION	
FORINFO 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 	

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CERTIFICATE OF PROPERTY INSURANCE

OP ID: KR

DATE (MM/DD/YYYY)

02/07/2017

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER Socher Insurance Agency, Inc. 1350 Old Bayshore Highway Suite 630 Burlingame, CA 94010 House Account		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID: BROOK-3		FAX (A/C, No):
INSURED Brooktree Square Homeowners Association c/o Management Solution 6200 Buena Vista Drive Newark, CA 94560		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Everest National Insurance Co		
		INSURER B : Philadelphia Indemnity Ins Co		
		INSURER C : Wright National Flood Ins Co		
		INSURER D :		
		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.
Ordinance Coverage A is included in the policy limits. Severability of Interest included on Package Policy. Equipment Breakdown coverage included.


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		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/>	PROPERTY	TBD	02/14/2017	02/14/2018	<input checked="" type="checkbox"/> BUILDING	\$ 7,882,444	
		CAUSES OF LOSS				DEDUCTIBLES	<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ 20,000
		BASIC				BUILDING	BUSINESS INCOME	\$
		BROAD				10,000	EXTRA EXPENSE	\$
						Contents	RENTAL VALUE	\$
	<input checked="" type="checkbox"/>	SPECIAL					BLANKET BUILDING	\$
		EARTHQUAKE					BLANKET PERS PROP	\$
		WIND					BLANKET BLDG & PP	\$
		FLOOD					<input checked="" type="checkbox"/> Bldg Ord Cov B	\$ 394,122
							<input checked="" type="checkbox"/> Bldg Ord Cov C	\$ 788,244
	INLAND MARINE	TYPE OF POLICY				\$		
	CAUSES OF LOSS	POLICY NUMBER				\$		
	NAMED PERILS					\$		
B	<input checked="" type="checkbox"/>	CRIME	PHSD1209868	02/14/2017	02/14/2018	<input checked="" type="checkbox"/> Fidelity Bond Limit:	\$ 200,000	
		TYPE OF POLICY				<input checked="" type="checkbox"/> Deductible:	\$ 1,000	
		Employee Dishonesty					\$	
		BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$	
C	<input checked="" type="checkbox"/>	Flood	Various			Various	\$	
						(see attached)	\$	

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

Special Form (wind included), 100% Replacement Cost Basis with Agreed Value (No Co-Insurance). 41 Units. Management is Additionally Insured on the Crime policy. Policy is Walls In excluding Betterments & Improvements.

CERTIFICATE HOLDER**CANCELLATION**

FORINFO 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 

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A Stock Company
P.O. Box 33003
St. Petersburg, FL 33733-8003

FFL 99.001 0716
0088377
8/15/16

FLOOD DECLARATIONS PAGE
RENEWAL

2000 11523 FLD RCBP

Policy Number	NFIP Policy Number	Product Type: Standard Policy
04 1150974547 03	1150974547	Residential Condominium Building Association Policy Form

Policy Period	Date of Issue	Agent Code	Prior Policy Number
From: 9/23/16 To: 9/23/17 12:01 am Standard Time	08/15/2016	0088377	04 1150974547 02

Agent (650)312-9300
SOCHER INS AGENCY INC
1350 OLD BAYSHORE HWY STE 630
BURLINGAME CA 94010-1815

BROOKTREE SQ HOA
6200 BUENA VISTA DR
NEWARK CA 94560-5322

Property Location (if other than above) 1702-1720 FLICKINGER CT, (BLDG 1), SAN JOSE CA 95131
Address may have been changed in accordance with USPS standards.

Rating Information

Original New Business Effective Date: 7/22/2003
Building Occupancy: Other Residential
Primary Residence: N
Number of Floors: Two Floors
Building Indicator: Elevated
Basement/Enclosure/Crawlspace: Enclosure without Proper Openings
Condo Type: Low Rise
Replacement Cost Value: 968,200

Community Name: SAN JOSE, CITY OF
Community #: 060349
Map Panel/Suffix: 0001 E
Community Rating: 07 / 15%
Program Status: Regular
Grandfathered: No
Flood Risk/Rated Zone: AO
Number of Units: 5
Elevation Difference: 0/A

Coverage

Coverage	Deductible	Premium
BUILDING	\$968,200	\$5,000
CONTENTS	\$0	\$0

ANNUAL SUBTOTAL:	\$1,405.00
DEDUCTIBLE DISCOUNT/SURCHARGE:	\$141.00
ICC PREMIUM:	\$9.00
COMMUNITY RATING DISCOUNT:	\$190.00
SUB-TOTAL:	\$1,083.00
RESERVE FUND ASSESSMENT:	\$162.00
PROBATION SURCHARGE:	\$0.00
FEDERAL POLICY SERVICE FEE:	\$400.00
HFIAA SURCHARGE:	\$250.00
TOTAL OF PREMIUMS AND FEES:	\$1,895.00

THIS IS NOT A BILL

DEAR MORTGAGEE
The Reform Act of 1994 requires you to notify the WYO company for this policy within 60 days of any changes in the servicer of this loan.

The above message applies only when there is a mortgage on the insured location.

Premium Paid by: Insured

Special Provisions:

This policy covers only one building. If you have more than one building on your property, please make sure they are all covered. See III. Property Covered within your Flood policy for the NFIP definition of "building" or contact your agent, broker, or insurance company. Coverage Limitations may apply. Please refer to your Flood Insurance Policy Form for details.

Forms and Endorsements:

FFL 99.310 1012 1010 WFL 99.416 0414 0614 WFL 99.116 0614 0614

This policy is issued by NAIC company 11523
Wright National Flood Insurance Company A stock company
Copy Sent To: As indicated on back or additional pages, if any.

H. Neal Conolly, President

008837704115097454716228

00003

Company





A Stock Company
P.O. Box 33003
St. Petersburg, FL 33733-8003

FFL 99.001 0716
0088377
8/15/16

FLOOD DECLARATIONS PAGE
RENEWAL

2000 11523 FLD RCBP

Policy Number	NFIP Policy Number	Product Type: Standard Policy
04 1150974548 03	1150974548	Residential Condominium Building Association Policy Form

Policy Period	Date of Issue	Agent Code	Prior Policy Number
From: 9/23/16 To: 9/23/17 12:01 am Standard Time	08/15/2016	0088377	04 1150974548 02

Agent (650) 312-9300
SOCHER INS AGENCY INC
1350 OLD BAYSHORE HWY STE 630
BURLINGAME CA 94010-1815

BROOKTREE SQUARE HOA
6200 BUENA VISTA DR
NEWARK CA 94560-5322

Property Location (if other than above) Address may have been changed in accordance with USPS standards.
1701-1731 FLICKINGER CT, (BLDG 2), SAN JOSE CA 95131

Rating Information

Original New Business Effective Date: 7/22/2003
Building Occupancy: Other Residential Community Name: SAN JOSE, CITY OF
Primary Residence: N Community #: 060349 Map Panel/Suffix: 0001 E
Number of Floors: Two Floors Community Rating: 10 / 00%
Building Indicator: Elevated Program Status: Regular Grandfathered: No
Basement/Enclosure/Crawlspace: Flood Risk/Rated Zone: AO
Enclosure without Proper Openings
Condo Type: Low Rise Number of Units: 8
Replacement Cost Value: 1,476,200 Elevation Difference: 2-

Coverage	Deductible	Premium
BUILDING \$1,476,200	\$5,000	\$9,278.00
CONTENTS \$0	\$0	\$0.00

THIS IS NOT A BILL

DEAR MORTGAGEE

The Reform Act of 1994 requires you to notify the WYO company for this policy within 60 days of any changes in the servicer of this loan.

The above message applies only when there is a mortgagee on the insured location.

Premium Paid by: Insured

ANNUAL SUBTOTAL: \$9,278.00
DEDUCTIBLE DISCOUNT/SURCHARGE: \$927.00
ICC PREMIUM: \$9.00
COMMUNITY RATING DISCOUNT: \$0.00
SUB-TOTAL: \$8,360.00
RESERVE FUND ASSESSMENT: \$1,254.00
PROBATION SURCHARGE: \$0.00
FEDERAL POLICY SERVICE FEE: \$400.00
HFIAA SURCHARGE: \$250.00
TOTAL OF PREMIUMS AND FEES: \$10,264.00

Special Provisions:

This policy covers only one building. If you have more than one building on your property, please make sure they are all covered. See III. Property Covered within your Flood policy for the NFIP definition of "building" or contact your agent, broker, or insurance company. Coverage Limitations may apply. Please refer to your Flood Insurance Policy Form for details.

Forms and Endorsements:

FFL 99.310 1012 1010 WFL 99.416 0414 0614 WFL 99.116 0614 0614

This policy is issued by NAIC company 11523
Wright National Flood Insurance Company A stock company
Copy Sent To: As indicated on back or additional pages, if any.

H. Neal Conolly, President

008837704115097454816228

00004

Company





A Stock Company
P.O. Box 33003
St. Petersburg, FL 33733-8003

FFL 99.001 0716
0088377
8/15/16

FLOOD DECLARATIONS PAGE
RENEWAL

2000 11523 FLD RCBP

Policy Number	NFIP Policy Number	Product Type: Standard Policy
04 1150974549 03	1150974549	Residential Condominium Building Association Policy Form

Policy Period	Date of Issue	Agent Code	Prior Policy Number
From: 9/23/16 To: 9/23/17 12:01 am Standard Time	08/15/2016	0088377	04 1150974549 02

Agent (650)312-9300
SOCHER INS AGENCY INC
1350 OLD BAYSHORE HWY STE 630
BURLINGAME CA 94010-1815

BROOKTREE SQUARE HOA
6200 BUENA VISTA DR
NEWARK CA 94560-5322

Property Location (if other than above) 1750-1784 FLICKINGER PL, (BLDG 3), SAN JOSE CA 95131
Address may have been changed in accordance with USPS standards.

Rating Information

Original New Business Effective Date: 7/22/2003
Building Occupancy: Other Residential
Primary Residence: N
Number of Floors: Two Floors
Building Indicator: Elevated
Basement/Enclosure/CrawlSpace: Enclosure without Proper Openings
Condo Type: Low Rise
Replacement Cost Value: 1,936,900
Community Name: SAN JOSE, CITY OF
Community #: 060349
Map Panel/Suffix: 0001 E
Community Rating: 10 / 00%
Program Status: Regular
Grandfathered: No
Flood Risk/Rated Zone: AO
Number of Units: 10
Elevation Difference: 2-

Coverage	Deductible	Premium
BUILDING \$1,936,900	\$5,000	\$11,753.00
CONTENTS \$0	\$0	\$0.00

THIS IS NOT A BILL

DEAR MORTGAGEE

The Reform Act of 1994 requires you to notify the WYO company for this policy within 60 days of any changes in the servicer of this loan.

The above message applies only when there is a mortgage on the insured location.

Premium Paid by: Insured

ANNUAL SUBTOTAL: \$11,753.00
DEDUCTIBLE DISCOUNT/SURCHARGE: \$1,175.00
ICC PREMIUM: \$9.00
COMMUNITY RATING DISCOUNT: \$.00
SUB-TOTAL: \$10,587.00
RESERVE FUND ASSESSMENT: \$1,588.00
PROBATION SURCHARGE: \$.00
FEDERAL POLICY SERVICE FEE: \$400.00
HFIAA SURCHARGE: \$250.00
TOTAL OF PREMIUMS AND FEES: \$12,825.00

Special Provisions:

This policy covers only one building. If you have more than one building on your property, please make sure they are all covered. See III. Property Covered within your Flood policy for the NFIP definition of "building" or contact your agent, broker, or insurance company. Coverage Limitations may apply. Please refer to your Flood Insurance Policy Form for details.

Forms and Endorsements:

FFL 99.310 1012 1010 WFL 99.416 0414 0614 WFL 99.116 0614 0614

This policy is issued by NAIC company 11523
Wright National Flood Insurance Company A stock company
Copy Sent To: As indicated on back or additional pages, if any.

H. Neal Conolly, President

008837704115097454916228

00005

Company





A Stock Company
P.O. Box 33003
St. Petersburg, FL 33733-8003

FFL 99.001 0716
0088377
8/15/16

FLOOD DECLARATIONS PAGE
RENEWAL

2000 11523 FLD RCBP

Policy Number	NFIP Policy Number	Product Type: Standard Policy
04 1150974550 03	1150974550	Residential Condominium Building Association Policy Form

Policy Period	Date of Issue	Agent Code	Prior Policy Number
From: 9/23/16 To: 9/23/17 12:01 am Standard Time	08/15/2016	0088377	04 1150974550 02

Agent (650)312-9300
SOCHER INS AGENCY INC
1350 OLD BAYSHORE HWY STE 630
BURLINGAME CA 94010-1815

BROOKTREE SQUARE HOA
6200 BUENA VISTA DR
NEWARK CA 94560-5322

Property Location (if other than above) 1751-1779 FLICKINGER PL, (BLDG 4), SAN JOSE CA 95131
Address may have been changed in accordance with USPS standards.

Rating Information

Original New Business Effective Date: 7/22/2003
Building Occupancy: Other Residential
Primary Residence: N
Number of Floors: Two Floors
Building Indicator: Elevated
Basement/Enclosure/Crawlspace: Enclosure without Proper Openings
Condo Type: Low Rise
Replacement Cost Value: 1,477,900

Community Name: SAN JOSE, CITY OF
Community #: 060349
Map Panel/Suffix: 0001 E
Community Rating: 10 / 00%
Program Status: Regular
Grandfathered: No
Flood Risk/Rated Zone: AO
Number of Units: 8
Elevation Difference: 1-

Coverage	Deductible	Premium
BUILDING \$1,477,900	\$5,000	\$9,280.00
CONTENTS \$0	\$0	\$0.00

ANNUAL SUBTOTAL: \$9,280.00
DEDUCTIBLE DISCOUNT/SURCHARGE: \$928.00
ICC PREMIUM: \$9.00
COMMUNITY RATING DISCOUNT: \$.00
SUB-TOTAL: \$8,361.00
RESERVE FUND ASSESSMENT: \$1,254.00
PROBATION SURCHARGE: \$.00
FEDERAL POLICY SERVICE FEE: \$400.00
HFIAA SURCHARGE: \$250.00
TOTAL OF PREMIUMS AND FEES: \$10,265.00

THIS IS NOT A BILL

DEAR MORTGAGEE
The Reform Act of 1994 requires you to notify the WYO company for this policy within 60 days of any changes in the servicer of this loan.

The above message applies only when there is a mortgagee on the insured location.

Premium Paid by: Insured

Special Provisions:

This policy covers only one building. If you have more than one building on your property, please make sure they are all covered. See III. Property Covered within your Flood policy for the NFIP definition of "building" or contact your agent, broker, or insurance company. Coverage Limitations may apply. Please refer to your Flood Insurance Policy Form for details.

Forms and Endorsements:

FFL 99.310 1012 1010 WFL 99.416 0414 0614 WFL 99.116 0614 0614

This policy is issued by NAIC company 11523
Wright National Flood Insurance Company A stock company
Copy Sent To: As indicated on back or additional pages, if any.

H. Neal Conolly, President

008837704115097455016228

0000D

Company





A Stock Company
P.O. Box 33003
St. Petersburg, FL 33733-8003

FFL 99.001 0716
0088377
8/15/16

FLOOD DECLARATIONS PAGE
RENEWAL

2000 11523 FLD RCBP

Policy Number	NFIP Policy Number	Product Type: Standard Policy
04 1150974551 03	1150974551	Residential Condominium Building Association Policy Form

Policy Period	Date of Issue	Agent Code	Prior Policy Number
From: 9/23/16 To: 9/23/17 12:01 am Standard Time	08/15/2016	0088377	04 1150974551 02

Agent (650)312-9300
SOCHER INS AGENCY INC
1350 OLD BAYSHORE HWY STE 630
BURLINGAME CA 94010-1815

BROOKTREE SQUARE HOABLD 5
6200 BUENA VISTA DR
NEWARK CA 94560-5322

Property Location (if other than above) Address may have been changed in accordance with USPS standards.
2011-2029 FLICKINGER WAY, SAN JOSE CA 95131

Rating Information

Original New Business Effective Date: 7/22/2003
Building Occupancy: Other Residential Community Name: SAN JOSE, CITY OF
Primary Residence: N Community #: 060349 Map Panel/Suffix: 0001 E
Number of Floors: Two Floors Community Rating: 07 / 15%
Building Indicator: Non-Elevated Program Status: Regular Grandfathered: No
Basement/Enclosure/Crawlspace: Flood Risk/Rated Zone: AOB
No Basement
Condo Type: Low Rise Number of Units: 10
Replacement Cost Value: 1,809,500 Elevation Difference: 0-

Coverage	Deductible	Premium
BUILDING \$1,809,500	\$5,000	\$2,708.00
CONTENTS \$0	\$0	\$0.00

THIS IS NOT A BILL

DEAR MORTGAGEE

The Reform Act of 1994 requires you to notify the WYO company for this policy within 60 days of any changes in the servicer of this loan.

The above message applies only when there is a mortgage on the insured location.

Premium Paid by: Insured

ANNUAL SUBTOTAL: \$2,708.00
DEDUCTIBLE DISCOUNT/SURCHARGE: \$271.00
ICC PREMIUM: \$5.00
COMMUNITY RATING DISCOUNT: \$367.00
SUB-TOTAL: \$2,075.00
RESERVE FUND ASSESSMENT: \$311.00
PROBATION SURCHARGE: \$0.00
FEDERAL POLICY SERVICE FEE: \$400.00
HFIAA SURCHARGE: \$250.00
TOTAL OF PREMIUMS AND FEES: \$3,036.00

Special Provisions:

This policy covers only one building. If you have more than one building on your property, please make sure they are all covered. See III. Property Covered within your Flood policy for the NFIP definition of "building" or contact your agent, broker, or insurance company. Coverage Limitations may apply. Please refer to your Flood Insurance Policy Form for details.

Forms and Endorsements:

FFL 99.310 1012 1010 WFL 99.416 0414 0614 WFL 99.116 0614 0614

This policy is issued by NAIC company 11523
Wright National Flood Insurance Company A stock company
Copy Sent To: As indicated on back or additional pages, if any.

H. Neal Conolly, President

008837704115097455116228

0000E

Company





A Stock Company
P.O. Box 33003
St. Petersburg, FL 33733-8003

FFL 99.001 0816
0088377
11/21/16

FLOOD DECLARATIONS PAGE
NEW BUSINESS

2000 11523 FLD RCBP

Policy Number	NFIP Policy Number	Product Type: Standard Policy
04 1151396625 00	1151396625	Residential Condominium Building Association Policy Form

Policy Period	Date of Issue	Agent Code	Prior Policy Number
From: 10/23/16 To: 10/23/17 12:01 am Standard Time	11/21/2016	0088377	

Insured

BROOKTREE SQUARE HOMEOWNERS ASSOCIATION
6200 BUENA VISTA DR
NEWARK CA 94560-5322

SOCHER INS AGENCY INC
1350 OLD BAYSHORE HWY STE 630
BURLINGAME CA 94010-1815

Property Location (if other than above)

1766-1784 FLICKINGER PL BLDG 6, SAN JOSE CA 95131

Address may have been changed in accordance with USPS standards.

Rating Information

Original New Business Effective Date: 10/23/2016
 Building Occupancy: Other Residential Community Name: SAN JOSE, CITY OF
 Primary Residence: N Community #: 060349 Map Panel/Suffix: 0069 H
 Number of Floors: Twnhouse/Rowhouse Community Rating: 10 / 00%
 Building Indicator: Elevated Program Status: Regular Grandfathered: No
 Basement/Enclosure/Crawlspace: Flood Risk/Rated Zone: AO

Condo Type: Low Rise Number of Units: 6
 Replacement Cost Value: 1,125,900 Elevation Difference: 4-

Coverage	Deductible	Premium
BUILDING \$1,125,900	\$5,000	\$2,558.00
CONTENTS NO CONTENTS COVERAGE	INSURED DECLINED CONTENTS COVERAGE	\$.00

ANNUAL SUBTOTAL: \$2,558.00
 DEDUCTIBLE DISCOUNT/SURCHARGE: \$256.00
 ICC PREMIUM: \$9.00
 COMMUNITY RATING DISCOUNT: \$.00
 SUB-TOTAL: \$2,311.00

THIS IS NOT A BILL

DEAR MORTGAGEE

The Reform Act of 1994 requires you to notify the WYO company for this policy within 60 days of any changes in the servicer of this loan.

The above message applies only when there is a mortgage on the insured location.

Premium Paid by: Insured

RESERVE FUND ASSESSMENT: \$347.00
 PROBATION SURCHARGE: \$.00
 FEDERAL POLICY SERVICE FEE: \$400.00
 HFIAA SURCHARGE: \$250.00
TOTAL OF PREMIUMS AND FEES: \$3,308.00

Special Provisions:

This policy covers only one building. If you have more than one building on your property, please make sure they are all covered. See III. Property Covered within your Flood policy for the NFIP definition of "building" or contact your agent, broker, or insurance company. Coverage Limitations may apply. Please refer to your Flood Insurance Policy Form for details.

Forms and Endorsements:

FFL 99.310 1012 1010 WFL 99.416 0414 0614 WFL 99.116 0614 0614

This policy is issued by NAIC company 00000
 Wright National Flood Insurance Company A stock company
 Copy Sent To: As indicated on back or additional pages, if any.

H. Neal Conolly, President

008837704115139662516326

0000E

Agent

