

STATE FARM GENERAL INSURANCE COMPANY

A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

P.O. Box 799100 Dallas, TX 75379-9100

Named Insured

AT2

000250 3125 **DEVONSHIRE HOMEOWNERS ASSOCIATION** 6200 BUENA VISTA DR NEWARK CA 94560-5322 M-02-0134-FB2B F V

RENEWAL DECLARATIONS

97-33-2005-2 **Policy Number**

Expiration Date Policy Period Effective Date 12 Months JAN 17 2017 JAN 17 2018 The policy period begins and ends at 12:01 am standard time at the premises location.

Agent and Mailing Address SĂMANTHA HARRIS 21060 REDWOOD RD STE 150 CASTRO VALLEY CA 94546-94546-5996

PHONE: (510) 881-1511

Residential Community Association Policy

Automatic Renewal - If the policy period is shown as 12 months, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Entity: CONDOMINIUM ASSOCIATION

NOTICE: Information concerning changes in your policy language is included. Please call your agent if you have any questions.

POLICY PREMIUM

\$ 11,256.00

Discounts Applied: Renewal Year Multiple Unit Claim Record

Prepared NOV 04 2016 CMP-4000

001162 294

Residential Community Association Policy for DEVONSHIRE HOMEOWNERS Policy Number 97-33-2005-2

SECTION I - PROPERTY BLANKET

Coverage A - Buildings Coverage B - Business Personal Property Limit of Insurance* \$ 6,228,800 \$ 5,800

| Location Number | Location of Described Premises |
|-----------------|--|
| 001 | 2605,2609,2613,2617,2621,2625 TEAL LN UNION CITY CA 94587 |
| 002 | 2653,2657,2661,2665,2669,2673 TEAL LN UNION CITY CA 94587 |
| 003 | 2677,2681,2685,2689 TEAL LN UNION CITY CA 94587 |
| 004 | 2604,2608,2612,2616,2620,2624, 2628,2632,2636,2640,2644 & 2648 TEAL LN |

AUXILIARY STRUCTURES

| Location Number | Description |
|-----------------|--------------------|
| 001A | LIGHTS |
| 002A | GAZEBO |
| 003A | Fence, walls, etc. |
| 004A | GARBAGE ENCLOSURE |
| | |

State Farm

RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for DEVONSHIRE HOMEOWNERS Policy Number 97-33-2005-2



0208-ST--0001

* As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage.

| SECTION I - INFL | ATION CO | VERAGE | INDEX(ES) |
|------------------|----------|--------|-----------|
| | | | |

Inflation Coverage Index:

206.5

SECTION I - DEDUCTIBLES

Basic Deductible

\$3,000

Special Deductibles:

Money and Securities

\$250

Employee Dishonesty

\$250

Equipment Breakdown

\$2,500

Other deductibles may apply - refer to policy.

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH DESCRIBED PREMISES

The coverages and corresponding limits shown below apply separately to each described premises shown in these Declarations, unless indicated by "See Schedule." If a coverage does not have a corresponding limit shown below, but has "Included" indicated, please refer to that policy provision for an explanation of that coverage.

COVERAGE

LIMIT OF INSURANCE

Collapse

Included

Damage To Non-Owned Buildings From Theft, Burglary Or Robbery

Coverage B Limit

Debris Removal

25% of covered loss

Equipment Breakdown

Included

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Residential Community Association Policy for DEVONSHIRE HOMEOWNERS Policy Number 97-33-2005-2

| Fire Department Service Charge | \$5,000 |
|---|-----------|
| Fire Extinguisher Systems Recharge Expense | \$5,000 |
| Glass Expenses | Included |
| Increased Cost Of Construction And Demolition Costs (applies only when buildings are insured on a replacement cost basis) | 10% |
| Newly Acquired Business Personal Property (applies only if this policy provides Coverage B - Business Personal Property) | \$100,000 |
| Newly Acquired Or Constructed Buildings (applies only if this policy provides Coverage A - Buildings) | \$250,000 |
| Ordinance Or Law - Equipment Coverage | Included |
| Preservation Of Property | 30 Days |
| Water Damage, Other Liquids, Powder Or Molten Material Damage | Included |

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH COMPLEX

The coverages and corresponding limits shown below apply separately to each complex as described in the policy.

| COVERAGE | LIMIT OF INSURANCE |
|--|----------------------|
| Accounts Receivable On Premises Off Premises | \$50,000 \$15,000 |
| Arson Reward | \$5,000 |
| Forgery Or Alteration | \$10,000 |
| Money And Securities (Off Premises) | \$5,000 |
| Money And Securities (On Premises) | \$10,000 |
| Money Orders And Counterfeit Money | \$1,000 |
| Outdoor Property | \$5,000 |

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Residential Community Association Policy for DEVONSHIRE HOMEOWNERS Policy Number 97-33-2005-2



| Personal Effects (applies only to those premises provided Coverage B - Business Personal Property) | \$2,500 | |
|---|---------------------|--|
| Personal Property Off Premises | \$15,000 | |
| Pollutant Clean Up And Removal | \$10,000 | |
| Property Of Others (applies only to those premises provided Coverage B - Business Personal Property) | \$2,500 | |
| Signs | \$2,500 | |
| Valuable Papers And Records On Premises Off Premises | \$10,000 \$5,000 | |

<u>SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - PER POLICY</u>

The coverages and corresponding limits shown below are the most we will pay regardless of the number of described premises shown in these Declarations.

COVERAGE

LIMIT OF INSURANCE

Back-Up of Sewer or Drain

Included

Employee Dishonesty

\$50,000

Loss Of Income And Extra Expense

Actual Loss Sustained - 12 Months

SECTION II - LIABILITY

COVERAGE

LIMIT OF INSURANCE

Coverage L - Business Liability

\$2,000,000

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Residential Community Association Policy for DEVONSHIRE HOMEOWNERS Policy Number 97-33-2005-2

| Coverage M - Medical Expenses (Any One Person) | \$5,000 |
|--|--------------------|
| Damage To Premises Rented To You | \$300,000 |
| Directors And Officers Liability | \$2,000,000 |
| AGGREGATE LIMITS | LIMIT OF INSURANCE |
| Products/Completed Operations Aggregate | \$4,000,000 |
| General Aggregate | \$4,000,000 |
| Directors and Officers Aggregate | \$2,000,000 |

Each paid claim for Liability Coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II - Liability in the Coverage Form and any attached endorsements.

Your policy consists of these Declarations, the BUSINESSOWNERS COVERAGE FORM shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

FORMS AND ENDORSEMENTS

| CMP-4101 | Businessowners Coverage Form |
|------------|---------------------------------|
| FE-6999.2 | *Terrorism Insurance Cov Notice |
| CMP-4860.1 | *Al Design Person Org |
| CMP-4710 | Employee Dishonesty |
| CMP-4814 | Directors & Officers Liability |
| FE-1313 | Form 438bfu NS Lndr Loss Pay |
| CMP-4830 | Interior Building Damage |
| CMP-4828 | Extra Replacement Cost |
| CMP-4696 | Residential Community Assoc |
| CMP-4746.1 | Hired Auto Liability |
| CMP-4508 | Money and Securities |
| CMP-4705.1 | Loss of Income & Extra Expnse |
| FD-6007 | Inland Marine Attach Dec |
| | * New Form Attached |

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for DEVONSHIRE HOMEOWNERS **Policy Number**



3408-ST--0001

SCHEDULE OF ADDITIONAL INTERESTS

Interest Type:

Addl Insured-Section II

Endorsement #: CMP48601

Loan Number: N/A

MANAGEMENT SOLUTIONS

6200 BUENA VISTA DR **NEWARK CA**

945605322

This policy is issued by the State Farm General Insurance Company.

Participating Policy

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm General Insurance Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.

Lynne M. Yourll Secretary

Thomas Coulsy President

IMPORTANT NOTICE:

California law requires us to provide you with information for filing complaints with the State Insurance Department regarding the coverage and service provided under this policy.

Complaints should be filed only after you and State Farm or your agent or other company representative have failed to reach a satisfactory agréement on a problem.

Please forward such complaints to:

California Department of Insurance **Consumer Services Division**

300 South Spring Street Los Angeles, CA 90013

Or call toll free: 1-800-927-HELP

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Residential Community Association Policy for DEVONSHIRE HOMEOWNERS Policy Number 97-33-2005-2

NOTICE TO POLICYHOLDER:

For a comprehensive description of coverages and forms, please refer to your policy.

Policy changes requested before the "Date Prepared", which appear on this notice, are effective on the Renewal Date of this policy unless otherwise indicated by a separate endorsement, binder, or amended declarations. Any coverage forms attached to this notice are also effective on the Renewal Date of this policy.

Policy changes requested after the "Date Prepared" will be sent to you as an amended declarations or as an endorsement to your policy. Billing for any additional premium for such changes will be mailed at a later date.

If, during the past year, you've acquired any valuable property items, made any improvements to insured property, or have any questions about your insurance coverage, contact your State Farm agent.

Please keep this with your policy.

Your coverage amount....

It is up to you to choose the coverage and limits that meet your needs. We recommend that you purchase a coverage limit equal to the estimated replacement cost of your structure. Replacement cost estimates are available from building contractors and replacement cost appraisers, or, your agent can provide an estimate from Xactware, Inc. using information you provide about your structure. We can accept the type of estimate you choose as long as it provides a reasonable level of detail about your structure. State Farm cost on guarantee that any estimate will be the actual future cost to rebuild your structure. Higher limits are available at higher premiums. Lower limits are also available, as long as the amount of coverage meets our underwriting requirements. We encourage you to periodically review your coverages and limits with your agent and to notify us of any changes or additions to your structure.

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