

Po Box 853925
Richardson, TX 75085-3925

Named Insured

AT2 000390_3125 M-02-0134-FB2B F V
DEVONSHIRE HOMEOWNERS
ASSOCIATION
6200 BUENA VISTA DR
NEWARK CA 94560-5322



Policy Number	97-33-2005-2	
Policy Period	Effective Date	Expiration Date
12 Months	JAN 17 2019	JAN 17 2020
The policy period begins and ends at 12:01 am standard time at the premises location.		

Agent and Mailing Address
SAMANTHA HARRIS
21060 REDWOOD RD STE 150
CASTRO VALLEY CA 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 \$ 11,927.00

Discounts Applied:
Renewal Year
Multiple Unit
Claim Record

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NOV 05 2018
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RENEWAL DECLARATIONS (CONTINUED)

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

SECTION I - PROPERTY BLANKET

Coverage A - Buildings	Limit of Insurance*
Coverage B - Business Personal Property	\$ 6,751,600
	\$ 6,600

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

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RENEWAL DECLARATIONS (CONTINUED)

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

* 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 - INFLATION COVERAGE INDEX(ES)

Inflation Coverage Index: 223.7

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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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for DEVONSHIRE HOMEOWNERS
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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	\$50,000
Off Premises	\$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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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for DEVONSHIRE HOMEOWNERS
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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	\$10,000
Off Premises	\$5,000

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - PER POLICY

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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RENEWAL DECLARATIONS (CONTINUED)

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
CMP-4705.2	*Loss of Income & Extra Expense
CMP-4260	*Amendatory Endorsement
FE-6999.2	*Terrorism Insurance Cov Notice
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-4860.1	AI Design Person Org
FD-6007	Inland Marine Attach Dec
	* New Form Attached

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Residential Community Association Policy for DEVONSHIRE HOMEOWNERS
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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. Youell
 Secretary

Thomas Conley
 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.

Your agent's name and contact information are provided on the front of this document. Another option is to reach out by mail or phone directly to:

State Farm[®] Executive Customer Service
 PO Box 2320
 Bloomington IL 61702
 Phone # 1-800-STATEFARM (1-800-782-8332)

Department of Insurance complaints should be filed only after you and State Farm or your agent or other company representative have failed to reach a satisfactory agreement on a problem.

California Department of Insurance
 Consumer Services Division
 300 South Spring Street
 Los Angeles, CA 90013
 Phone # 1-800-927-HELP (4357) or visit www.insurance.ca.gov/01-consumers

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for DEVONSHIRE HOMEOWNERS
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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® does not 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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