

Ridgewood Manor I Homeowners Association

Insurance Disclosure from pursuant to Civil Code- Section 5300

Policy Term 9/1/2016 to 9/1/2017

Fidelity Bond

Insurer : Allstate Insurance Company (Policy #648667742)
Policy Limits : \$385,000
Deductible : N/A

General Liability Insurance

Insurer : Allstate Insurance Company (Policy #648667742)
Policy Limits : \$1,000,000/\$2,000,000
D&O Limit : \$1,000,000/2,000,000 \$500 Deductible

Building Coverage (Blanket)

Insurer : Allstate Insurance Company (Policy #648667742)
Coverage : \$16,923,800
Deductible : \$5,000

Umbrella Liability

Insurer: Greenwich Insurance Company (Policy #PPP7450656)
Coverage: \$5,000,000
Deductible: N/A

Earthquake Insurance

Insurer : None with this Agency
Policy Limits : N/A
Deductibles : N/A

Flood Insurance

Insurer : None with this Agency
Policy Limits : N/A
Deductibles : N/A

Workers' Compensation

Insurer: Pennsylvania Manufacturers Association Insurance (Policy #201601-06-32-87-7Y)
Limits of Liability: \$1,000,000

"This summary of the association's policies of insurance provides only certain information, as required by 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 additional information regarding your insurance coverages, please contact our agent at:

**Confidence Plus Insurance Services
6852 N Pacific Avenue, Stockton, CA 95207
(800) 573-0606**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/5/2016

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 CONFIDENCE PLUS INS SERVICES 6852 Pacific Ave Suite B Stockton, CA 95207	CONTACT NAME:		
	PHONE (A/C, No, Ext): (209)473-4403	FAX (A/C, No): (209)473-3758	
	E-MAIL ADDRESS: deanshibler@allstate.com		
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Ridgewood Manor I Homeowners Association c/o Managment Solutions 6200 Buena Vista Drive Newark, Ca 94560 (925)606-9500	INSURER A: Allstate Insurance Company		
	INSURER B: Greenwich Insurance Company		
	INSURER C: Pennsylvania Manufacturers Association Insurance		
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
X	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			648667742	9/1/2016	9/1/2017	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 1,000,000
	OTHER:							\$
A	AUTOMOBILE LIABILITY			648667742	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		PPP7450656	9/1/2016	9/1/2017	EACH OCCURRENCE	\$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$ 5,000,000
	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> RETENTION \$	0					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			201601-06-32-87-7Y	9/1/2016	9/1/2017	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	D&O Liability			648667742	9/1/2016	9/1/2017	Limit: \$1,000,000 Aggregate: \$2,000,000 Deductible: \$500	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
...Richland Terrace,...Dorado Common,...Mosaic Common,...Crystal Terrace,...Tuxedo Common,Fremont, CA 94555
60 Units Total in the Association

CERTIFICATE HOLDER

CANCELLATION

For Informational Purposes Only

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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