East Bay Office Pleasanton, CA 94588

Socher Insurance Agency, Inc. Toll-Free: 877.317.9300 Fax: 877.317.9305

www.hoainsurance.net CA Broker License: #0C97535

April 30, 2018

THE WATERFORD ASSOCIATION

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

Property: Travelers Indemnity Company of Connecticut: 05/01/2018 – 05/01/2019 \$59,568,577 Special Form (wind included), 100% Replacement Cost Basis with No co-insurance and a \$25,000 Deductible per Occurrence.

General Liability: Travelers Indemnity Company of Connecticut: 05/01/2018 – 05/01/2019 \$1,000,000 per Occurrence/\$2,000,000 General Aggregate with a \$0 Deductible. Non-owned and Hired Automobile Liability is included in this Policy.

Umbrella Liability: National Surety Corporation: 05/01/2018 - 05/01/2019 \$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: 05/01/2018 – 05/01/2019 \$1,000,000 per Occurrence and Annual Aggregate with a \$1,000 Retention per Occurrence.

Employee Dishonesty: Liberty Mutual Insurance Company: 05/01/2018 - 05/01/2019 \$500,000 per Occurrence with a \$5,500 Deductible. Coverage is provided for both Board of Directors and employees the Association has or might have during the Policy year.

Workers' Compensation: Wesco Insurance Company: 05/01/2018 - 05/01/2019 \$1,000,000 Coverage statutory limits as required by California law.

Equipment Breakdown Coverage: 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.

WATER-7

OP ID: CL

ACORD°

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/30/2018

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. 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).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRODUC					CONTACT NAME:						
Socher Insurance Agency, Inc. 1350 Old Bayshore Highway Suite 630						PHONE FAX (A/C, No, Ext):					
						SS:					
Burlingame, CA 94010						NAIC #					
								ty Co of CT			
INSURE					INSURER B . National Surety Corporation						
Management Solutions 6200 Buena Vista Drive						INSURER C: Wesco Insurance Company					
	Newark, CA 94560				INSURE	RD: Contine	ental Casua	alty Co.			
					INSURE	RE:					
INSURER F:											
COVE	RAGES CE	RTIFIC	CATE	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											
	CATED. NOTWITHSTANDING ANY F FIFICATE MAY BE ISSUED OR MAY										
	USIONS AND CONDITIONS OF SUCH								THE TERMO,		
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	-		
									4 000 000		

INSR LTR	INSR LTR TYPE OF INSURANCE		INSD	SUBR	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	3	
A	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	_{\$} 1,000,	,000
		CLAIMS-MADE X OCCUR			680 - 2J90192A	05/01/2018	05/01/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,	,000
								MED EXP (Any one person)	\$ 5,	,000
								PERSONAL & ADV INJURY	\$ 1,000,	,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,	,000
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,	,000
		OTHER:							\$	
Α	AU1	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ Inclu	ided
		ANY AUTO			680 - 2J90192A	05/01/2018	05/01/2019	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
В	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 5,000,	,000
		EXCESS LIAB CLAIMS-MADE			SUO00032271991-20510-2	05/01/2018	05/01/2019	AGGREGATE	\$ 5,000,	,000
		DED X RETENTION\$ 0							\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE			WWC3344538	05/01/2018	05/01/2019	E.L. EACH ACCIDENT	\$ 1,000,	,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,	,000
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,	,000
D	Dire	ectors and			618729734	05/01/2018	05/01/2019	Limit	1,000,	,000
	Offi	cers Liability						Ded	1,	,000
					l .					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Please see Certificate of Property, Acord 24, for building values.

CERTIFICATE HOLDER		CANCELLATION					
	FORINFO	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 KAYVARU					
ACOPD 25 (2046/02)		© 1000 2015 ACORD CORDORATION All rights recommed					





CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 04/30/2018

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.

Burlingame, CA 94010 PRODUCER CUSTOMER ID: WATER-7 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Travelers Indemnity Co of CT INSURER B : Liberty Mutual Insurance Co.								
Suite 630 Burlingame, CA 94010 INSURER B.: Liberty Mutual Insurance Co. Management Solutions ADDRESS: PRODUCER WATER-7 INSURER A: Travelers Indemnity Co of CT INSURER B: Liberty Mutual Insurance Co.								
Suite 630 Burlingame, CA 94010 INSURER B.: Liberty Mutual Insurance Co. Management Solutions ADDRESS: PRODUCER WATER-7 INSURER A: Travelers Indemnity Co of CT INSURER B: Liberty Mutual Insurance Co.	Socher Insurance Agency, Inc.	PHONE (A/C, No, Ext):	FAX (A/C, No):					
INSURED The Waterford Association Management Solutions Customer ID: INSURER (S) AFFORDING COVERAGE NAIC # INSURER A : Travelers Indemnity Co of CT INSURER B : Liberty Mutual Insurance Co.	Suite 630	E-MAIL						
INSURED The Waterford Association Management Solutions INSURER A: Travelers Indemnity Co of CT INSURER B: Liberty Mutual Insurance Co.	Burlingame, CA 94010	PRODUCER CUSTOMER ID: WATER-7						
I he Waterford Association Management Solutions INSURER B : Liberty Mutual Insurance Co.				NAIC #				
Management Solutions INSURER B : Liberty Mutdai insurance 35.	INSURED	INSURER A: Travelers Indemnity Co of CT						
		INSURER B : Liberty Mutual Insurance Co.						
0200 Duella Vista Dilve	6200 Buena Vista Drive	INSURER C:						
Newark, CA 94560 INSURER D:	Newark, CA 94560	INSURER D:						
INSURER E:		INSURER E :						
INSURER F:		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	TYPE OF INSURANCE		SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY		LIMITS	
Α	Х	PROPERTY		680 - 002J90192A	05/01/2018	05/01/2019		BUILDING	\$	
	CAL	USES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	\$	
		BASIC	BUILDING 25,000					BUSINESS INCOME	\$	
		BROAD	CONTENTS					EXTRA EXPENSE	\$	
	X	SPECIAL						RENTAL VALUE	\$	
		EARTHQUAKE						BLANKET BUILDING	\$	
		WIND						BLANKET PERS PROP	\$	
		FLOOD					X	BLANKET BLDG & PP	\$	59,568,577
	X	Ord Cov A	Incl				X	Ord Cov B&C/bldg	\$	500,000
							X	ORD Cov B&C/occ	\$	10,000,000
		INLAND MARINE	1	TYPE OF POLICY					\$	
	CAL	USES OF LOSS							\$	
		NAMED PERILS		POLICY NUMBER					\$	
									\$	
В	Х	CRIME					X	Limit	\$	500,000
	1	PE OF POLICY					X	Deductible	\$	2,500
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN		honesty	TBD	05/01/2018	05/01/2019			\$	
									\$	
			LANDOWN						\$	
									\$	
									\$	

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

Special Form (wind included), 100% Replacement Cost Basis with No Co-Insurance. 214 Units. Policy is Walls In if your Condominium Association Agreement requires it. Severability of Interest included on Package Policy.

CERTIFICATE HOLDER	CANCELLATION
FORINFO	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 KAYUKU