

Woodpark Homeowners Association

Insurance Disclosure from pursuant to Civil Code- Section 5300

Policy Term 3/1/2017 to 3/1/2018

Fidelity Bond

Insurer : Allstate Insurance Company (Policy # 648574312)
Policy Limits : \$275,000
Deductible : N/A

General Liability Insurance

Insurer : Allstate Insurance Company (Policy #648574312)
Policy Limits : \$2,000,000/\$4,000,000
D&O Limit : \$2,000,000/\$4,000,000/\$500 Deductible

Building Coverage (Blanket)

Insurer : Allstate Insurance Company (Policy #648574312)
Coverage : \$23,690,200
Deductible : \$10,000

Umbrella Liability

Insurer: None with this Agency
Coverage: N/A
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 #201601-05-35-53-4Y)
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)
1/20/2017

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 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 Woodpark Homeowner's Association c/o Management Solutions 6200 Buena Vista Drive Newark, CA 94560 (925)606-9500	INSURER A: Allstate Insurance Company <small>Pennsylvania Manufacturers Association Insurance</small>	
	INSURER B:	
	INSURER C:	
	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	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			648574312	3/1/2017	3/1/2018	EACH OCCURRENCE	\$ 2,000,000
	<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	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 4,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
A	AUTOMOBILE LIABILITY			648574312	3/1/2017	3/1/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
	<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)	\$
								\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$
	DED <input type="checkbox"/> RETENTION \$							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			201601-05-35-53-4Y	3/1/2017	3/1/2018	<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
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	D&O Liability			648574312	3/1/2017	3/1/2018	Limit: \$2,000,000 Aggregate: \$4,000,000 Deductible: \$500	

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

...Cheryl Ann Circle,...Tampa Avenue, Hayward, CA 94544
80 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



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
1/20/2017

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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 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		
	PRODUCER CUSTOMER ID:		
INSURED Woodpark Homeowner's Association c/o Management Solutions 6200 Buena Vista Drive Newark, CA 94560 (925)606-9500	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Allstate Insurance Company		
	INSURER B:		
	INSURER C:		
	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)
...Cheryl Ann Circle,...Tampa Avenue, Hayward, CA 94544
80 Units Total in the Association

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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	648574312	3/1/2017	3/1/2018	BUILDING	\$
	CAUSES OF LOSS				PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC				BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD				EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL				RENTAL VALUE	\$
	EARTHQUAKE				<input checked="" type="checkbox"/> BLANKET BUILDING	\$ 23,690,200
	WIND				BLANKET PERS PROP	\$
	FLOOD				BLANKET BLDG & PP	\$
	<input checked="" type="checkbox"/> RC				Bldg. Ord.	\$
	<input checked="" type="checkbox"/> AV				<input checked="" type="checkbox"/> Cov B&C	\$ 2,355,014
	INLAND MARINE	TYPE OF POLICY				\$
	CAUSES OF LOSS					\$
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$
						\$
A	CRIME	648574312	3/1/2017	3/1/2018	<input checked="" type="checkbox"/> Limit	\$ 275,000
	TYPE OF POLICY				<input checked="" type="checkbox"/> Deductible	\$ 0
	Fidelity Bond					
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
						\$
						\$
						\$

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

CERTIFICATE HOLDER

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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