

## CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 11/14/2017

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.

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Sa	n Juan Capo,	CA	92675-2718	INSURER F:			
0		•	00075 0740	INSURER E :			
				INSURER D :			
7				INSURER C:			
Att	Attn Tsg Ind Prop Mgmt 27129 Calle Arroyo Ste 1		1802	INSURER B :			
Re	ef Gate West Association Inc				·		
INSURED				INSURER A :	State Farm General Insurance Comp	any	25151
	San Clemente,	CA	92673-5625		INSURER(S) AFFORDING COVERAGE		NAIC #
				PRODUCER CUSTOMER I	D:		
_	800 Avenida Pico Ste Q			E-MAIL ADDRESS:	chris.dolkas.b8ms@statefarm.com		
State Farm	Chris Dolkas			PHONE (A/C. No. Ext)	: (949) 492-5900	FAX (A/C, No): (949	) 492-1532
PRODUCER				CONTACT NAME:	Chris Dolkas		
	<u> </u>						

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required) REFER TO ACORD 101.

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.

R ₹	TYPE OF IN	SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY	LIMITS
$\rightarrow$	PROPERTY						BUILDING	\$
С	AUSES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	\$
	BASIC	BUILDING \$10,000					BUSINESS INCOME	\$ SEE ACORD 10
	BROAD	CONTENTS	_				EXTRA EXPENSE	\$ SEE ACORD 10
$\supset$	SPECIAL						RENTAL VALUE	\$ SEE ACORD 10
Ĺ	EARTHQUAKE		02.80.8482.6	10/15/2017	10/15/2019	X	BLANKET BUILDING	\$ \$26,448,900
	WIND		92-80-8482-6	10/15/2017	10/15/2018		BLANKET PERS PROP	\$
	FLOOD						BLANKET BLDG & PP	\$
								\$
								\$
	INLAND MARINI	<b>E</b>	TYPE OF POLICY					\$
С	AUSES OF LOSS							\$
	NAMED PERILS		POLICY NUMBER					\$
								\$
	CRIME							\$
Т	YPE OF POLICY							\$
								\$
	BOILER & MACI							\$
	─ EQUIPMENT BR	EARDOWN						\$
								\$
								\$

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

CERTIFICATE HOLDER		CANCELLATION		
TSG IND PROP MGMT		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
27129 Calle Arroyo Ste 1802		AUTHORIZED REPRESENTATIVE		
San Juan Capo,	CA 92675-2718	IF SIGNATURE IS REQUIRED, PLEASE CONTACT AGENT.		

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AGENCY CUSTOMER ID:	
LOC #:	



Chris Dolkas POLICY NUMBER 92-80-8482-6 CARRIER

# ADDITIONAL REMARKS SCHEDULE

EFFECTIVE DATE:

NAMED INSURED
Reef Gate West Association Inc

10/15/2017

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ADDITIONAL REMARKS

State Farm General Insurance Company

THIS ADDITIONAL	REMARKS	FORM IS A SC	HEDULE T	O ACORD	FORM,
FORM NUMBER:	24	FORM TITLE:	Certificate	of Property	Insurance

## **Unit Owner:**

REEF GATE WEST ASSOCIATION INC - 423 AVENIDA GRANADA - UNITS 1-72 - SAN CLEMENTE, - CA - 92672 - Unit Loan Number:0000 -Number Of Units: 0072

NAIC CODE

25151

Association Type: Residential Community Association Policy

#### Forms, Options and Endorsements: Forms, Options and Endorsements:

CMP-4101	Businessowners Coverage Form	CMP-4814	Dir & Officers \$5,000,000	
CMP-4864	Building Ordinance Or Law Cov	CMP-4828	Extra Replacement Co	
FE-6999.2	Terrorism Insurance Cov Notice	CMP-4696	Residential Community Assoc	
CMP-4710	Emp Dishonesty \$50,000	CMP-4508	Money and Securities	
CMP-4705.1	Loss of Income & Extra Expnse		·	

Coverages:			
Business Liability	\$5,000,000	92ELE2149	Workers Compensation
Medical Payments	\$5,000		

**Products-Completed Operations** \$10,000,000 General Aggregate \$10,000,000

### Coverage

Unless otherwise endorsed, this policy provides replacement cost coverage on described property and common areas detailed within the Association bylaws including the following types of property within a unit, regardless of ownership:

- Fixtures, improvements and alterations that are a part of the building or structure; and 1.
- Appliances such as those used for refrigerating, ventilating, cooking, dishwashing, laundering, security or housekeeping. 2.

Replacement cost coverage is subject to the terms and conditions of the policy and any endorsements.

Coverage under this policy may have been modified to provide actual cash value coverage rather than replacement cost coverage, or to remove specified property from coverage, if any endorsement containing in its title "ACV" or "Actual Cash Value," or "Additional Property Not Covered" is identified on this Certificate of Insurance.

Endorsements: FE-3650, FE-3653, FE-3658, and FE-3659 (Actual Cash Value) - These endorsements describe what the term "actual cash value" means where used in the policy. However, these endorsements do not change any replacement cost coverage provided by the policy.

This policy provides coverage on a standalone/individual condominium association.

### **Commercial General Liability**

State Farm refers to this coverage as Business Liability Coverage. Coverage amount shown is Per Occurrence.

## Loss of Rents, Loss of Income and Extra Expense

If this coverage is shown, limits are "Actual Loss Sustained". Contact the agent to confirm the number of day's coverage.