



## HOMEOWNERS ASSOCIATION POLICY COVERAGE

### **BARE WALLS**

**Property Covered:** Common areas and the structure, up to and including the drywall. Policy is written as a Special Form Blanket Policy with Replacement Cost, and no Per Unit Limit.

**Fidelity Bond:** Property Manager is included as part of Named Insured / Additional Insured.

**Waiver of Subrogation:** Included against any Unit Owner, the Association, and Members of the Board of Directors.

**Wind & Hail Coverage:** Included.

**Betterments & Improvements:** Excluded.

The homeowner does not pay ASSOCIATION POLICY PREMIUM directly to our office; premium is paid by the ASSOCIATION.

---

## HOW TO OBTAIN INSURANCE COVERAGE INFORMATION

To request a certificate of insurance or to view the policy coverage listed on a particular certificate, please visit [www.eoidirect.com](http://www.eoidirect.com). If you are a first-time user, follow the links to register and note your User ID and Password so you can log in to your account when prompted. *A delivery charge may apply for mortgagee clause additions, however there is no cost to register for access to the website.*

Once you have logged on to your account, click on "Evidence of Insurance" to search and access the association policy information you are seeking. EOI Direct's customer service department is available from 6AM to 5PM (Pacific Time) Monday through Friday to provide additional assistance toll-free at (877) 456-3643.

---

## PERSONAL INSURANCE NEEDS OF A UNIT OWNER

The Association does not cover interior structures (walls, flooring, cabinetry, countertops, fixtures, upgrades), personal property, loss of use, personal liability, and loss assessment. Unit owners are responsible for obtaining insurance on these items. Since we insure your Association, we are able to provide you the most appropriate coverage, while keeping your budget in check. For quotes, please call Cindy Laing at (800) 482-4467.

## UNIT OWNER'S INSURANCE NEEDS

**Personal Property** coverage, with replacement cost, covering personal belongings as the master association policy does not cover a unit owner's personal property.

**Interior Structure, Additions and Alterations** need to be covered on each unit owner's personal policy for everything inside their unit, for example: floor, wall, and ceiling coverings; cabinetry and countertops; plumbing and lighting fixtures, etc.

**Loss of Use** will pay the unit owner's additional living expense while the unit is unfit to live in due to a covered loss. If a condo is rented out, this coverage will be replaced with Loss of Rents coverage.

**Loss Assessment** will pay the unit owner's share of a special assessment levied by the Association due to an insured loss exceeding the Association's master policy limits.

Important – In the recent past, unit owners have been exposed to Association deductibles in certain circumstances. With proper building and Loss Assessment coverage, unit owners can obtain coverage for their portion of the Association's deductible.

**Your Association's deductible is \$25,000.**

**Personal Liability** pays for bodily injuries to other people or damage to their property if the unit owner is liable resulting from unintentional acts committed by qualified family members including sporting activities and acts of pets.

### **CEA Earthquake:**

**Building Property (Interior Structural Coverage):** \$25,000-\$100,000 with 5%-25% deductible options.

**Personal Property:** \$5,000 - \$200,000 coverage with 5%-25% deductible options.

**Loss of Use:** \$1,500 - \$100,000 for additional living expenses.

**Earthquake Loss Assessment Coverage:** This coverage will pay for your share of earthquake damage to the association Units when you are assessed because the association either had no coverage or they need to meet their deductible. \$25,000 - \$100,000 with 5%-25% deductible options.

Unit owner's coverage may be obtained by calling

Cindy Laing at your association's insurance agency, Prendiville Insurance Agency at (800) 482-4467.

## HOW TO OBTAIN A CERTIFICATE OF INSURANCE

Certificates of Insurance (available to financial institutions for loan purposes) may be obtained by visiting [www.EOIDirect.com](http://www.EOIDirect.com) or contacting their help desk at (877) 456-3643.

## HOW TO FILE A CLAIM

If you have a claim, notify your association's management company (or designated board member), and your own homeowner's insurance carrier. Claims payments under this policy are made to your board of directors as insurance trustee.

*The above information is provided to assist in understanding the basic coverage on your Association's and Unit Owner's policies. For final coverage determination, both policies should be reviewed.*

**Prendiville Insurance Agency 800-482-4467**

# 2021 – 2022 Insurance Disclosure Statement

(As required by California Civil Code Section 5300)

## **OCEANSIDE COMMUNITY ASSOCIATION**

The California Civil Code Section 5300 requires that the Association send insurance disclosure statement to each of its members. Accordingly, we are providing you the following information in compliance with the Civil Code.

The following is a summary of the association's insurance coverage for policy period 2021 – 2022:

**Coverage for Items 1, 2, 5, 6, & 7 below are provided by: Prendiville Insurance Agency**

**Phone: (949) 487-9696 / fax: (949) 487-9626**

### **1. Property Insurance: Policy # 60360-04-17**

- |     |                                     |                                   |
|-----|-------------------------------------|-----------------------------------|
| (A) | Insurance carrier:                  | <u>Farmers Insurance Exchange</u> |
| (B) | The type of insurance:              | <u>Property (Bare Walls)</u>      |
| (C) | The policy limits of the insurance: | <u>\$ 220,428,800</u>             |
| (D) | The amount of deductible, if any:   | <u>\$ 25,000</u>                  |
| (E) | The policy term is:                 | <u>01/01/2021 - 01/01/2022</u>    |

### **2. Liability Insurance: Policy # 60360-04-17**

- |     |                                     |                                                                             |
|-----|-------------------------------------|-----------------------------------------------------------------------------|
| (A) | Insurance carrier:                  | <u>Farmers Insurance Exchange</u>                                           |
| (B) | The type of insurance:              | <u>Commercial General Liability</u>                                         |
| (C) | The policy limits of the insurance: | <u>\$ 2,000,000 Per Occurrence</u><br><u>\$ 4,000,000 General Aggregate</u> |
| (D) | The amount of deductible, if any:   | <u>N/A</u>                                                                  |
| (E) | The policy term is:                 | <u>01/01/2021 - 01/01/2022</u>                                              |

### **3. Earthquake Insurance: N/A**

- |     |                                     |                            |
|-----|-------------------------------------|----------------------------|
| (A) | Insurance carrier:                  | <u>N/A</u>                 |
| (B) | The type of insurance:              | <u>Earthquake Coverage</u> |
| (C) | The policy limits of the insurance: | <u>N/A</u>                 |
| (D) | The amount of deductible, if any:   | <u>N/A</u>                 |
| (E) | The policy term is:                 | <u>N/A</u>                 |

### **4. Flood Insurance: Policy # N/A**

- |     |                                     |                       |
|-----|-------------------------------------|-----------------------|
| (A) | Insurance carrier:                  | <u>N/A</u>            |
| (B) | The type of insurance:              | <u>Flood Coverage</u> |
| (C) | The policy limits of the insurance: | <u>N/A</u>            |
| (D) | The amount of deductible, if any:   | <u>N/A</u>            |
| (E) | The policy term is:                 | <u>N/A</u>            |

**5. Fidelity Insurance (Fidelity Bond/Employee Dishonesty) Coverage: Policy # 60360-04-17 & SSA-392-56-74-03886-05**

- (A) Insurance carrier: Farmers Insurance & Great American Insurance
- (B) The type of insurance: Crime
- (C) The policy limits of the insurance: \$ 2,750,000
- (D) The amount of deductible, if any: \$ 500
- (E) The policy term is: 01/01/2021 - 01/01/2022

**6. Directors & Officers Liability Insurance Coverage: Policy # 60360-04-17**

- (A) Insurance carrier: Farmers Insurance Exchange
- (B) The type of insurance: D&O Liability
- (C) The policy limits of the insurance: \$ 2,000,000 Per Occurrence  
\$ 2,000,000 Per Aggregate
- (D) The amount of deductible, if any: \$ 1,000
- (E) The policy term is: 01/01/2021 - 01/01/2022

**7. Umbrella Liability Insurance Coverage: Policy # 60360-04-18**

- (A) Insurance carrier: Truck Insurance Exchange
- (B) The type of insurance: Umbrella Liability
- (C) The policy limits of the insurance: \$10,000,000 Per Occurrence  
\$10,000,000 Per Aggregate
- (D) The amount of deductible, if any: N/A
- (E) The policy term is: 01/01/2021 - 01/01/2022

**8. Workers' Compensation Insurance Coverage: N/A**

- (A) Insurance carrier: N/A
- (B) The type of insurance: Workers' Compensation Insurance
- (C) The policy limits of the insurance: N/A
- (D) The amount of deductible, if any: N/A
- (E) The policy term is: N/A

**This summary of the Association's policies of insurance provides only certain information, as required by subdivision (b)(9) 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.**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/29/2020

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).

<b>PRODUCER</b> Prendiville Insurance Agency 24661 Del Prado, Suite 3 License #0740433 Dana Point CA 92629	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (949) 487-9696 <b>FAX (A/C, No):</b> (949) 487-9626 <b>E-MAIL ADDRESS:</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b> Oceanside Community Association  550 Vista Bella  Oceanside CA 92057	<b>INSURER A:</b> Farmers Insurance Exchange
	<b>INSURER B:</b> Truck Insurance Exchange
	<b>INSURER C:</b> Great American Insurance Company
	<b>INSURER D:</b>
	<b>INSURER E:</b>
	<b>INSURER F:</b>

COVERAGES CERTIFICATE NUMBER: Cert ID 15228 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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>		60360-04-17	01/01/2021	01/01/2022	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 75,000
	<input checked="" type="checkbox"/> *D&O is Claims Made					MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> D&O Deductible \$1000					PERSONAL & ADV INJURY \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 4,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:		D&O Liability* \$ 2,000,000			
A	<b>AUTOMOBILE LIABILITY</b>		60360-04-17	01/01/2021	01/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO	Y				BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
						\$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR	Y	60360-04-18	01/01/2021	01/01/2022	EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 10,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A			PER STATUTE OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
A	Property (R/C)		60360-04-17	01/01/2021	01/01/2022	Property Deductible \$25,000
A/C	Fidelity Bond	Y	60360-04-17 / SSA-392-56-74-03886-05	02/01/2021	02/01/2022	Fidelity Bond Deductible \$500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Bare Walls Coverage Applies. 932 Units, 505 Buildings. 150% Extended Replacement Cost. Wind & Hail Coverage is Included. Boiler & Machinery Coverage is Included. 8% Inflation Guard.  
Building Ordinance Coverage:  
A(Undamaged)=Included, B(Demolition)=\$331,800, C(Increased Construction Costs)=\$2,370,400  
\*CANCELLATION: 30 DAY NOTICE, EXCEPT 10 DAY NOTICE FOR NON-PAYMENT OF PREMIUM.

<b>CERTIFICATE HOLDER</b>  Oceanside Community Association  550 Vista Bella  Oceanside CA 92057	<b>CANCELLATION</b>  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 
-------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

© 1988-2015 ACORD CORPORATION. All rights reserved.