

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. 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 more notes, please call Cindy Laing at (800) 482-4467.

2022 – 2023 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 2022 – 2023:

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: Farmers Insurance Exchange
- (B) The type of insurance: Property (Bare Walls)
- (C) The policy limits of the insurance: \$ 242,931,244
- (D) The amount of deductible, if any: \$ 25,000
- (E) The policy term is: 01/01/2022 - 01/01/2023

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

- (A) Insurance carrier: Farmers Insurance Exchange
- (B) The type of insurance: Commercial General Liability
- (C) The policy limits of the insurance: \$ 2,000,000 Per Occurrence
\$ 4,000,000 General Aggregate
- (D) The amount of deductible, if any: N/A
- (E) The policy term is: 01/01/2022 - 01/01/2023

3. Earthquake Insurance: N/A

- (A) Insurance carrier: N/A
- (B) The type of insurance: Earthquake Coverage
- (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

4. Flood Insurance: N/A

- (A) Insurance carrier: N/A
- (B) The type of insurance: Flood Coverage
- (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

5. Fidelity Insurance (Fidelity Bond/Employee Dishonesty) Coverage: Policy # 60360-04-17 & SSA-392-56-74-03886-06

- (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: 01/01/2022 - 01/01/2023

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: 01/01/2022 - 01/01/2023

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: 01/01/2022 - 01/01/2023

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)

12/30/2021

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).

PRODUCER Prendiville Insurance Agency 24661 Del Prado, Suite 3 License #0740433 Dana Point CA 92629		CONTACT NAME: PHONE (A/C, No. Ext): (949) 487-9696 E-MAIL ADDRESS: FAX (A/C, No): (949) 487-9626															
INSURED Oceanside Community Association 550 Vista Bella Oceanside CA 92057		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Farmers Insurance Exchange</td> <td>21652</td> </tr> <tr> <td>INSURER B: Truck Insurance Exchange</td> <td>21709</td> </tr> <tr> <td>INSURER C: Great American Insurance Company</td> <td>16691</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Farmers Insurance Exchange	21652	INSURER B: Truck Insurance Exchange	21709	INSURER C: Great American Insurance Company	16691	INSURER D:		INSURER E:		INSURER F:	
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COVERAGES

CERTIFICATE NUMBER: Cert ID 27527

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.

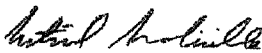
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> *D&O is Claims Made <input checked="" type="checkbox"/> D&O Deductible \$1000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		60360-04-17	01/01/2022	01/01/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 75,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 D&O Liability* \$ 2,000,000
A	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		60360-04-17	01/01/2022	01/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		60360-04-18	01/01/2022	01/01/2023	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Property (R/C)		60360-04-17	01/01/2022	01/01/2023	Property Deductible \$25,000 \$ 242,931,244
C	Fidelity Bond**		SSA-392-56-74-03886-06	02/01/2022	02/01/2023	Fidelity Bond Deductible \$500 \$ 2,750,000

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

**Fidelity Bond Breakdown: Primary Layer A) 60360-04-17, \$2,000,000 Limit, 01/01/2022-01/01/2023; Excess Layer C) SSA-392-56-74-03886-06, \$750,000 Limit

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)=\$361,700, C(Increased Construction Costs)=\$2,583,700

*CANCELLATION: 30 DAY NOTICE, EXCEPT 10 DAY NOTICE FOR NON-PAYMENT OF PREMIUM.

CERTIFICATE HOLDER	CANCELLATION
Oceanside Community Association 550 Vista Bella Oceanside CA 92057	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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