

ALLSTATE INSURANCE COMPANY

RENEWAL DECLARATIONS

CUSTOMIZER POLICY NO. 050 000395
SPECIAL FORM

1. **The Insured** CASA TRANQUILLA HOA C/O CEOSD.NET

Mailing Address PO BOX 34398 284
SAN DIEGO, CA 92163

LOCATION OF INSURED PREMISES: 4514 DAWSON UNITS 1-4
SAN DIEGO, CA 92126

MASONRY

CONDOMINIUM

2. **Policy Period from** 01/15/2013 **to** 01/15/2014
Beginning and ending , Standard Time at the address of the insured stated above.

3. **The Insured is a** ASSOCIATION

4. **ADDITIONAL INTERESTS**

This policy also covers the interests of any of the following when indicated by an "X" and named below.

- | | | |
|--|---|--------------------------------|
| <input type="checkbox"/> The Mortgagee under Coverage A - Part One | <input type="checkbox"/> The Loss Payee under Coverage A - Part Two | <input type="checkbox"/> Other |
| <input type="checkbox"/> The Additional Insured for Leased Premises, under Coverage B - Part One | <input type="checkbox"/> The Vendor under Coverage B - Part One | |

Name

Address

5. **POLICY COVERAGES**

This policy applies to each of the Coverages and Parts shown below. Under Coverage A, Coverage is provided only for property at the Insured Premises for which a specific limit of liability is shown.

Coverage A - Business Property		
Part One	Buildings REPLACEMENT COST	Limits of Liability \$810,000
The Property Insurance Adjustment Condition <u>IS</u> applicable to this policy		
Two	Business Contents	DEDUCTIBLE \$2,500 applicable to each adjusted loss

Coverage B - Business Liability		
Part One	Comprehensive Liability	Limits of Liability \$2,000,000 EACH ACCIDENTAL EVENT
	Fire and Specified Peril Legal Liability	\$50,000 EACH ACCIDENTAL EVENT
	Advertising Injury Liability	\$100,000
Two	Medical Payments	\$5,000 EACH PERSON \$25,000 EACH ACCIDENT

BU5570-7
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6. OPTIONAL COVERAGES

The following optional coverages, if any, are provided under this policy.

Coverage	Location(s)	Limits of Liability
BUILDING LAWS	ALL	SEE COVERAGE A
BOARD OF MANAGERS LIABILITY	ALL	SEE COVERAGE B - PART 6
EMPLOYEE DISHONESTY	ALL	SEE COVERAGE A - PART 6 - \$20,000
EMPLOYER NON-OWNER AUTO LIABILITY	ALL	SAME AS COVERAGE B - PART 3
HIRED AUTO	ALL	SEE COVERAGE B - PART 4
LOSS OF INCOME - RENTS	ALL	SEE COVERAGE A - PART 3
REPLACEMENT COST SAFEGUARD	ALL	SEE COVERAGE A - PART 1
TERRORISM COVERAGE	ALL	

7. Annual Premium for the Policy and Optional Coverages

\$2,210.00

**--SEE THE IMPORTANT PAYMENT INFORMATION FORM BU5857
FOR DETAILS ABOUT PAYMENT OPTIONS AND INSTALLMENT FEES--**

The portion of the annual premium shown above that is attributable to coverage for losses caused by "acts of terrorism" to which the Program established by the Terrorism Risk Insurance Act, as amended, applies is \$24.00 . SEE DISCLOSURE NOTICE ON PAGE 4 OF 4.

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8. ENDORSEMENTS

The following endorsements amend this policy.

BU5550A	BU5583-1	BU5651-8	BU5754	BU5756-1
BU5766	BU5767	BU5795	BU4258-1	BU5552
BU5562	BU5564-1	BU5622	BU5696	BU5697
BU5770	BU5783-1	CL470A	BU5857	

PROPERTY INS. ADJ. INCREASED BUILDING COVERAGE.

PROCESS DATE: 11/07/2012 RCC: IA

Countersigned by NETWORKED INSURANCE

Authorized Agent

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**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

The federal Terrorism Risk Insurance Act, as amended, (the federal Act), establishes a temporary federal Program (the federal Program) providing for a system of shared public and private compensation for certain insured commercial property and casualty losses resulting from "acts of terrorism," as defined in the federal Act.

The federal Act defines an "act of terrorism" as an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside of the United States in the case of certain air carriers or vessels or on the premises of a United States mission; and to have been committed by an individual or individuals, as a part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

DISCLOSURE OF FEDERAL SHARE OF COMPENSATION FOR INSURED LOSSES

Insured losses caused by "acts of terrorism" to which the federal Program applies would be partially reimbursed by the United States of America under a formula established by the federal Act. Under that formula, the United States of America pays 85 percent of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act, as amended, exceeds \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, as amended, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

DISCLOSURE OF PREMIUM

Your insurance coverage includes coverage for losses caused by "acts of terrorism" to which the federal Program applies (subject to policy terms, conditions, limitations and exclusions). The portion of your annual premium that is attributable to coverage for losses caused by "acts of terrorism" to which the federal Program applies is \$24.00 .





Your Policy Number: 050 000395
 CUSTOMIZER INSURANCE BILL

0115

DUE DATE: 01/15/2013	TO PAY IN FULL: \$2,210.00	MINIMUM AMOUNT DUE: \$2,210.00
Amount Enclosed:		\$

ALLSTATE INSURANCE COMPANY
 988 MCCOURTNEY RD # B GRASS VALLEY CA 95949-7400 GRASS VALLEY CA 95949-7400

Bill to:

Return Payment to:

CASA TRANQUILLA HOA C/O CEOSD.NET



PO BOX 34398 284
 SAN DIEGO, CA 92163

ALLSTATE INSURANCE COMPANY
 PO BOX 4317
 CAROL STREAM IL 60197-4317

Insured:
 CASA TRANQUILLA HOA C/O CEOSD.NET

PO BOX 34398 284
 SAN DIEGO, CA 92163

050000395011540221000302210003

PLEASE RETAIN THIS PORTION FOR YOUR RECORDS.

BILLING DATE 11/07/2012

POLICY NUMBER 050 000395	EFFECTIVE DATE 01/15/2013
ANNUAL PREMIUM:	\$2,210.00
CURRENT AMOUNT DUE:	\$2,210.00
DATE DUE:	01/15/2013
TO PAY IN FULL:	\$2,210.00

Agent: NETWORKED INSURANCE
Office: INDEPENDENT AGENT RCC

Phone: (530) 274-3102
Phone: () -

BILL



Important Payment Information

Payment Options - Choose the payment option that best meets your needs.

Option 1 - You can pay your premium in full. The "To Pay In Full" amount will be shown on your bill.

Option 2 - You can pay your premium in Three Installments

Initial Bill 40% of Premium - Due on the Effective Date of the Policy.

Second Bill 30% of Premium - Due three months after the Effective Date

Third Bill 30% of Premium - Due six months after the Effective Date

Each Current Amount Due will include a \$ 3.50 payment fee.

Option 3 - You can pay your premium in Nine Installments

Initial Bill 25% of Premium - Due on the Effective Date of Policy

Bills Two through Eight 10% Each - Due on the same day of the month as the Effective Date of the Policy each month

Final Bill 5% of Premium - Due eight months after Effective Date

Each Current Amount Due will include a \$ 3.50 payment fee.

BU5857 06 07



IMPORTANT NOTICE

The premium for your insurance policy is based on a variety of factors, including information you have given us. Factors which can affect your premium include, for example, *how many buildings* at the same location that are covered by your policy, the age of the buildings, and the type of construction. It is important that you notify us if the information upon which your premium is based is incorrect, incomplete, or changes. For example, improvements to loss control and prevention methods such as improving your sprinkler system, could reduce your premium. We encourage you to contact your agent from time to time to help ensure that you are receiving any premium reductions for which you may qualify.

We are pleased that you've chosen Allstate to help protect your business. Please note that this Important Notice provides only a general description of factors that apply or items that may reduce your premium. If you have any questions about these factors or items that may reduce your premium, please contact your Allstate agent.



ALLSTATE CLAIM REPORTING

To report a claim on your Allstate Commercial policy, you may contact your agent for assistance or you may report your claim directly by contacting us at the following phone numbers.

To report a claim for:

Commercial Property/Casualty policies: 1(800) 359-1000



Dear Policyholder,

We sincerely appreciate that you've chosen Allstate Insurance Company to help protect your business, and we hope to continue assisting you with your insurance needs.

Enclosed is your Allstate Insurance Company renewal package. Your specific choices of coverage and coverage amounts appear on the Policy Declarations.

Your payment options are detailed on your payment notice. Please mail your payment to us by the due date indicated on the form. A return envelope has been enclosed for your convenience.

Thanks again for choosing us to help with your insurance needs. If you have any questions about your policy, please give your Allstate Agent a call.

Sincerely,



Thomas J. Wilson
President
Allstate Insurance Company

Enclosures

X5442-10





CUSTOMER NUMBER:

RUN DATE: 11-07-12

NETWORKED INSURANCE
988 MCCOURTNEY RD # B
GRASS VALLEY CA 95949-7400

INSURED

010 050 000395 13 00 000

CASA TRANQUILLA HOA C/O CEOSD.NET
PO BOX 34398 284
SAN DIEGO CA 92163



REPRINT KEY: 0609321