### Policy Number 648117890

#### COMMON POLICY DECLARATIONS

# **Allstate Insurance Company**

2775 Sanders Road, Northbrook, IL 60062

	RANCE COMPANY		
Item 1. Named Insured and Mailing Address	Agent Name and Address		
CASA TRANQUILLA HOA C-O CEOSD (SEE NAMED INSURED ENDT) PO BOX 34398 SAN DIEGO CA 92163-4398	NETWORKED INSU 443 CROWN POIN GRASS VALLEY C	T CIRCI	
Item 2. Policy Period From: 01-15-2018	To: 01-15-201	9	
at 12:01 A.M., Standard Tim	ne at your mailing address	shown abo	ve.
Item 3. Business Description:			
Form of Business: ASSOCIATION			
Item 4. In return for the payment of the premium, and s provide the insurance as stated in this policy.	ubject to all the terms of th	is policy, w	e agree with you to
This policy consists of the following coverage parts for whis no coverage. This premium may be subject to adjustment		. Where no	premium is shown, there
Coverage Part(s)			Premium
Commercial Property Coverage Part		\$	1,529.00
Commercial General Liability Coverage Part		\$	402.00
Crime and Fidelity Coverage Part		\$	233.00
Commercial Inland Marine Coverage Part			
Commercial Auto (Business or Truckers) Coverage Part			
Commercial Auto (Business or Truckers) Coverage Part  Commercial Garage Coverage Part		\$	112.00
Commercial Auto (Business or Truckers) Coverage Part  Commercial Garage Coverage Part	Total Policy Premium		112.00
Commercial Auto (Business or Truckers) Coverage Part  Commercial Garage Coverage Part	Total Policy Premium		
Commercial Auto (Business or Truckers) Coverage Part  Commercial Garage Coverage Part  Terrorism Risk Insurance Act Coverage	AIN		

# SEE THE IMPORTANT PAYMENT INFORMATION FORM FOR DETAILS ABOUT PAYMENT OPTIONS

Countersigned:		
Date: 11-01-17	Ву:	NETWORKED INSURANCE
	Authorized Representative	

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

## Policy Number 648117890

# SCHEDULE OF NAMED INSURED(S) Allstate Insurance Company

Named Insured CASA TRANQUILLA HOA C-O CEOSD

Effective Date: 01-15-18 12:01 A.M., Standard Time

Agent Name NETWORKED INSURANCE

DM CW 02 (cont.)

THE NAMED INSURED ON FORM DM CW 02 IS AMENDED TO READ:

CASA TRANQUILLA HOA C-O CEOSD