

Village Townhome Association

April 2017 Insurance Renewal

Farmers Package Policy

Declaration Pages



COMMON POLICY DECLARATIONS

Named Insured VILLAGE TOWNHOMES INC

Mailing Address 17731 IRVINE BLVD STE 212
 TUSTIN, CA 92780-3237

F003820591-001-00001

Account No.

97-44-333

Agent No.

Prod. Count

60225-35-49

Policy Number

Form of Business Individual Joint Venture Limited Liability Co.
 Corporation Partnership Other Organization

Business Description:
 Condominium

Policy Period From 04-01-2017 (not prior to time applied for)
 To 04-01-2018 12:01 A.M. Standard time at your mailing address shown above.

If this policy replaces other coverage that ends at noon standard time of the same day this policy begins, this policy will not take effect until the other coverage ends. **This policy will continue for successive policy periods as follows:** If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect.

This policy consists of the following coverage parts listed below and for which a premium is indicated. This premium may be subject to change.

Coverage Parts	Premium After Discount And Modification
Condominiums Owners Policy	\$66,011.00
Directors And Officers Liability	\$2,505.00
Employment Practices Liability	\$1,963.00
Certified Acts Of Terrorism - See Disclosure Endorsement	Included
Total (See Additional Fee Information Below)	\$70,479.00

PROPERTY, INLAND MARINE AND CRIME COVERAGES AND LIMITS

The following coverages apply to the described locations and/or building. Please refer to the Base Coverages And Extensions section for other coverages and extensions applying at the policy level.

Option: BV - Blanket Value (see Base Coverage & Extensions for the total limit)
Valuation: ACV - Actual Cash Value; AV - Agreed Value; RC - Replacement Cost;
 ERC - Extended RC; FRC- Functional RC; GRC - Guaranteed RC
Abbreviation: ALS = Actual Loss Sustained; BI = Business Income; EE = Extra Expense

Premises Number	Bldg. No.	Covered Premises Address	Mortgagee Name And Address
001	All	9635 Cornwall Dr (see E0002) Huntingtn Bch, CA 92646-4007	

Coverage	Option	Valuation	Limit Of Insurance	Deductible/ Waiting Period
Building		ERC	\$61,864,900	\$2,500
Business Personal Property (BPP)		RC	\$111,800	\$2,500
Accounts Receivables - On-Premises			\$5,000	\$2,500
Building - Automatic Increase Amount			4%	
Building Ordinance Or Law - 1 (Undamaged Part)			Included	None
Building Ordinance Or Law - 2 (Demolition Cost)			\$372,800	None
Building Ordinance Or Law - 3 (Increased Cost)			\$372,200	None
Debris Removal			25% Of Loss + 10,000	
Electronic Data Processing Equipment			\$5,000	\$2,500
Exterior Building Glass			Included	\$2,500
Outdoor Property			\$2,500	\$2,500
Outdoor Property - Trees, Shrubs & Plants (Per Item)			\$500	\$2,500
Personal Effects			\$2,500	\$2,500
Pollutant Clean Up And Removal Aggregate			\$10,000	\$2,500
Specified Property			\$356,000	\$2,500
Valuable Paper And Records - On-Premises			\$5,000	\$2,500

PROPERTY, INLAND MARINE AND CRIME COVERAGE AND LIMITS OF INSURANCE

The following Coverages and Extensions apply to all covered locations (premises) and/or buildings. Please refer to the individual location (premises) section for coverages and limits specific to such location (premises).

Base Coverage And Extensions	Limit of Insurance	Deductible/ Waiting Period
Accounts Receivables - Off-Premises	\$2,500	\$2,500
Association Fees And Extra Expense	\$100,000	
Back Up Of Sewers Or Drains	\$25,000	\$2,500
Crime Conviction Reward	\$5,000	None
Employee Dishonesty	\$5,000	\$500
Fire Department Service Charge	\$1,000	None
Fire Extinguisher Systems Recharge Expense	\$2,500	None
Forgery And Alteration	\$2,500	\$2,500
Limited Biohazardous Substance Coverage - Per Occurrence	\$10,000	\$2,500
Limited Biohazardous Substance Coverage - Aggregate	\$20,000	\$2,500
Limited Cov. - Fungi Wet Rot Dry Rot & Bacteria - Aggregate	\$15,000	\$2,500
Master Key	\$5,000	None
Master Key - Per Lock	\$100	None
Money And Securities - Inside Premises	\$5,000	\$500
Money And Securities - Outside Premises	\$5,000	\$500
Money Orders And Counterfeit Paper Currency	\$1,000	\$2,500
Newly Acquired Or Constructed Property	\$250,000	\$2,500
Outdoor Signs	\$2,500	\$500
Outdoor Signs - Per Sign	\$1,000	
Personal Property At Newly Acquired Premises	\$100,000	\$2,500
Personal Property Off Premises	\$5,000	\$2,500
Premises Boundary	100 Feet	
Preservation Of Property	30 Days	
Unit Owners - Included With Building	Included	\$2,500
Valuable Paper And Records - Off-Premises	\$2,500	\$2,500
Water Damage Deductible		\$20,000

**LIABILITY AND MEDICAL EXPENSES
COVERAGE AND LIMITS OF INSURANCE**

Each paid claim for the following coverage reduces the amount of insurance we provide during the applicable policy period. Please refer to the policy.

Premium Basis: (A) Area; (C) Total Cost; (P) Payroll; (S) Sales/Receipts; (U) Each Unit
 (M) Public Area Square Feet
 (O) Other:

Covered Premises And Operations

Address	Classification /Exposure	Class Code	Prem. Basis	Annual Exposure	Rate	Advance Premium
9635 Cornwall Dr (see E0002) Huntingtn Bch, CA 92646-4007	Condominiums / Townhomes Swimming Pool	8641 00097	Incl U	Included 2	Included Included	Included Included

LIABILITY AND MEDICAL EXPENSES COVERAGE AND LIMITS OF INSURANCE CONTINUED	
Coverage	Amount / Date
General Aggregate (Other Than Products & Completed Operations)	\$4,000,000
Products And Completed Operations Aggregate	\$2,000,000
Personal And Advertising Injury	Included
Each Occurrence	\$2,000,000
Tenants Liability (Each Occurrence)	\$100,000
Medical Expense (Each Person)	\$5,000
Directors & Officers Liability - Per Claim	\$2,000,000
Directors & Officers Liability - Aggregate	\$2,000,000
Directors & Officers Liability - Self Insured Retention	\$1,000
Directors & Officers Liability - Discrimination	Included
Directors & Officers Liability Retroactive Date	03/23/1997
Hired Auto Liability	\$2,000,000
Non-Owned Auto Liability	\$2,000,000

Policy Forms And Endorsements Attached At Inception

Number	Title
25-2110	Work Comp Exclusion
25-2614	Investigative Practices
25-2984ED2	Calif Dept Of Ins
56-5166ED5	Additional Conditions
562402-ED1	EPLI Dec
E0104-ED1	Business Liab Cov-Tenants Liab
E0119-ED5	Backup Of Sewer Or Drain Covg
E0125-ED1	Lead Poisoning & Contamination Excl
E0147-ED1	War Liability Exclusion
E2038-ED3	Conditional Exclusion Of Terrorism
E3015-ED2	Calculation Of Premium
E3024-ED3	Condominium Common Conditions
E3037-ED1	No Covg-Certain Computer Related Losses
E3314-ED3	Condominium Liability Covg Form
E3327-ED2	Addl Insd-Designated Person Or Org
E3331-ED3	Limit Of Covg To Desig Prem Or Proj
E3418-ED2	Condo Assoc Unit Covg End
E3422-ED3	Condominium Property Covg Form
E4009-ED4	Mold & Microorganism Exclusion
E6097-ED4	Extended Replacement Cost
E6288-ED3	Excl-Building Conversions
E9122-ED6	D & O Liab Covg Form
E9126-ED5	D & O Liab-Discrim Excl Buybk
J6300-ED3	Discl Of Prem-Cert Acts Of Terror
J6316-ED2	Excl Of Loss Due To Virus
J6347-ED1	Excl-Violation Of Statutes
J6350-ED1	Employee Dishonesty-Property Mgr
J6351-ED2	Limited Terrorism Exclusion
J6353-ED1	Change To Limits Of Insurance
J6578-ED1	EPLI
J6739-ED1	Two Or More Coverage Forms
J6829-ED1	Ltd Covg For Fungi, Wet/Dry Rot
J6835-ED1	Water Damage Deductible
J6847-ED1	Limitation Of EPLI Covg
J6849-ED2	Deductible Provisions
J6857-ED1	Amendment Of D&o Liab Covg
J7110-ED1	Exclusion Confidential Info
J7114-ED1	Asbestos & Silica Exclusion End
J7122-ED1	Loss Pay Cond-Proft Ovrhd Inc Fees
J7131-ED1	Dishonesty Excl-Tenant Vandal Excp
J7133-ED1	Limited Biohazardous Substance Cov

Policy Number: 60225-35-49

Effective Date: 04-01-2017

Policy Forms And Endorsements Attached At Inception

Number	Title
J7139-ED1	Bus Inc And Extr Exp-Prt Slwdwn Cov
S9939-ED1	Hired & Non-Owned Auto Liab
S9943-ED2	California Changes
S9946-ED2	California Amendatory Endorsement

DECLARATIONS
EMPLOYMENT PRACTICES INSURANCE COVERAGE - PREFERRED

THIS IS A CLAIMS MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD, IF APPLICABLE, PROVIDED SUCH CLAIM IS REPORTED IN WRITING TO THE INSURER AS SOON AS PRACTICABLE. WITHOUT NEGATING THE FOREGOING REQUIREMENTS, SUCH NOTICE OF CLAIM MUST ALSO BE REPORTED NO LATER THAN 30 DAYS AFTER THE END OF THE POLICY PERIOD OR, IF APPLICABLE, THE EXTENDED REPORTING PERIOD. AMOUNTS INCURRED AS DEFENSE COSTS SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTIONS. THE INSURER SHALL NOT BE LIABLE FOR ANY DEFENSE COSTS OR FOR ANY JUDGMENT OR SETTLEMENT AFTER THE LIMIT OF LIABILITY HAS BEEN EXHAUSTED. PLEASE READ THIS POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT.

Policy Number: 60225-35-49

1. Named Insured: **VILLAGE TOWNHOMES INC**

Individual Partnership Corporation Joint Venture Other

2. Policy Period: **04/01/17** to **04/01/18** at 12:01 a.m.
 (Standard Time at Your address shown below)

3. Address: **17731 IRVINE BLVD STE 212**
TUSTIN CA 92780-3237

4. Limit Of Liability (Includes Cost Of Defense):

(a) Each Insured Event/Third Party Insured Event	<u>\$1,000,000</u>
(b) Punitive, Exemplary and multiple damages Limit	<u>\$1,000,000</u>
(c) Aggregate Limit of Liability	<u>\$1,000,000</u>

5. Self Insured Retention (Includes Cost Of Defense):

Any One Insured Event/Third Party Insured Event	<u>10000</u>
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6. Prior Knowledge Date: **07/06/16**

7. Retroactive Date: **07/06/16**

8. Premium: **1,963.00**

9. Authorized Representatives:

Beazley Claims USA
 30 Batterson Park Road
 Farmington, CT 06032

10. Endorsements At Inception:

Refer to Policy Declaration, page 3, Policy forms and Endorsements section for applicable Employment Practice Liability Insurance Coverage Forms.

Village Townhome Association

April 2017 Insurance Renewal

Farmers Umbrella Policy

Declaration Pages



COMMERCIAL UMBRELLA POLICY DECLARATIONS

1. Named Insured VILLAGE TOWNHOMES INC

Mailing Address 17731 IRVINE BLVD STE 212 TUSTIN, CA 92780-3237

F003820591-001-00001

AccountNo.

97-44-333

AgentNo.

09403-32-53

PolicyNumber

Form of Business [] Individual [] Joint Venture [] Limited Liability Co. [X] Corporation [] Partnership [] Other Organization

Business Description: Condominium

2. Policy Period From 04-01-2017 To 04-01-2018 (not prior to time applied for) 12:01 A.M. Standard time at your mailing address shown above.

If this policy replaces other coverage that ends at noon standard time of the same day this policy begins, this policy will not take effect until the other coverage ends. This policy will continue for successive policy periods as follows: If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect.

The attorney-in-fact (AIF) or management fee for your renewed policy will never exceed 20% of the policy's premiums and will be paid out of the premiums. You may wish to consider this information in deciding whether to accept or decline this offer to renew your policy.

In return for the payment of premium and subject to all the terms of this policy, we agree with you to provide insurance as stated in this policy.

- 3. Schedule Of Underlying Insurance See Schedule Of Underlying Insurance(s) Below
4. Limit Of Insurance \$4,000,000 Policy Aggregate Limit
Self-Insured Retention \$10,000
5. Advance Premium \$2,706 (See Additional Fee Information Below)
Adjustable At A Rate Of Per Of
Minimum Earned Premium
Annual Minimum Premium

Your Agent Diane Adams 2134 Main St #280 Huntington Bea, CA 92648 (714) 374-3282

Schedule Of Underlying Insurance

Type	Insurance Company	Policy Number	Policy Period	Limits of Insurance	
General/Business Liability	Farmers Insurance Exchange	60225-35-49	As Covered	General Aggregate	\$4,000,000
				Prods & Comp Ops Aggregate	\$2,000,000
				Pers & Adv Injury Limit	Included
				Each Occurrence	\$2,000,000
Commercial Automobile Liab	Not Covered				
Employer's Liability	Not Covered				
Directors & Officers Liability	Farmers Insurance Exchange	60225-35-49	As Covered	Each Claim Annual Aggregate	\$2,000,000 \$2,000,000

Policy Forms And Endorsements Attached At Inception

Number	Title
25-2614	Investigative Practices
25-2984ED2	Ins Dept Address-Customer Letter
25-3037C1	Subscription Agreement-Tie
25-3065	Reminder-Review Your Coverages
56-5379ED5	Commercial Umbrella Policy
E3139-ED1	Auto Liability Follow Form
E3145-ED1	D&o Errors & Omissions Follow Form
E3337-ED1	No Covg-Cert Computer Rel Losses
E4011-ED3	Mold & Microorganism Exclusion
E4019-ED1	War Liability Exclusion
E4289-ED1	Excl-Violation Of Statutes
J6300-ED3	Discl Of Prem-Cert Acts Of Terror
J6306-ED2	Conditional Exclusion Of Terrorism

Countersigned (Date)

By Authorized Representative

Schedule Of Underlying Insurance (Continued)

Type	Insurance Company	Policy Number	Policy Period	Limits of Insurance
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Additional Policy Forms And Endorsements Attached At Inception (Continued)

Number	Title
J6351-ED2	Limited Terrorism Excl
J6355-ED1	Change To Limits Of Insurance
J7117-ED1	Exclusion Confidential Info
S9094-ED2	End Amending Section V-Conditions
S9937-ED1	Asbestos & Silica Exclusion End
S9938-ED1	California Changes