



CERTIFICATE OF PROPERTY INSURANCE

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| DATE (MM/DD/YYYY) |
| 03/24/2017 |

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.

| PRODUCER Diane R Adams Insurance Agency 2134 Main St. #280 Huntington Beach, CA 92648 | CONTACT NAME: PHONE (A/C, No, Ext): (714) 374-3282 FAX (A/C, No): (714) 374-3288 E-MAIL ADDRESS: j.kennelly@adams-insuranceagency.com PRODUCER CUSTOMER ID: | | | | | | | | | | | | | | |
|---|--|-------------------------------|--------|---------------------------------------|--|--|--|------------|--|------------|--|------------|--|------------|--|
| INSURED Village Townhomes, Inc. C/O Optimum Property Management 17731 Irvine Blvd #212 Tustin, CA 92780 0700608 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Farmers Insurance Exchange</td> <td></td> </tr> <tr> <td>INSURER B: Mt Hawley Insurance Company</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></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> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: Farmers Insurance Exchange | | INSURER B: Mt Hawley Insurance Company | | INSURER C: | | INSURER D: | | INSURER E: | | INSURER F: | |
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| INSURER F: | | | | | | | | | | | | | | | |

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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 | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | COVERED PROPERTY | LIMITS |
|----------|---|------------------|------------------------------------|-------------------------------------|---|-----------------------|
| A | <input checked="" type="checkbox"/> PROPERTY | 602253549 | 4/1/2017 | 4/1/2018 | BUILDING | \$ |
| | CAUSES OF LOSS | | | | PERSONAL PROPERTY | \$ |
| | BASIC | | | | BUSINESS INCOME | \$ |
| | BROAD | | | | EXTRA EXPENSE | \$ |
| | <input checked="" type="checkbox"/> SPECIAL | | | | RENTAL VALUE | \$ |
| | EARTHQUAKE | | | | <input checked="" type="checkbox"/> BLANKET BUILDING | \$ 48,8652,200 |
| | WIND | | | | BLANKET PERS PROP | \$ |
| | FLOOD | | | | BLANKET BLDG & PP | \$ |
| | | | | | <input checked="" type="checkbox"/> ext.rep.cost | \$ 125% |
| | | | | | <input checked="" type="checkbox"/> unit owner | \$ 12,999,700 |
| | INLAND MARINE | TYPE OF POLICY | | | \$ | |
| | CAUSES OF LOSS | POLICY NUMBER | | | \$ | |
| | NAMED PERILS | | | | \$ | |
| | CRIME | | | | \$ | |
| | TYPE OF POLICY | | | | \$ | |
| | BOILER & MACHINERY / EQUIPMENT BREAKDOWN | | | | \$ | |
| | | | | | \$ | |
| B | EQ & Flood | tba | 04/01/2017 | 04/01/2018 | Building | \$ 2,500,000 |

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

306 Planned Unit Development located in Huntington Beach, California
 Insurer #A deductibles: \$2500 primary with \$20,000 for water loss. Insurer #B Deductible is 20w/\$50k min for flood and EQ. Insurer #A Directors & Officers Liability, Policy #602253549 limit \$2,000,000
 Insurer #A Blanket Employee Dishonesty, Policy #602253549 limit \$5,000

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| CERTIFICATE HOLDER TBA | CANCELLATION 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 <div style="text-align: right; margin-top: 10px;"> </div> |
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