

UPA Insurance Brokers, Inc.

License #0E11822

1001 Broadway, 3rd Floor, Millbrae, CA 94030 (650)692-5033, (650)692-7049 fax

INSURANCE DISCLOSURE FOR CROWN COLONY HOMEOWNERS ASSOCIATION EFFECTIVE 09/27/11 TO 09/27/12

A. PROPERTY INSURANCE: The master policy includes building coverage written on a 'special form perils' basis. The definition of 'building' may not include everything that is permanently attached to your unit. The CC&R's will govern coverage for interior fixtures. It is recommended that you consult your CC&R's and your personal insurance agent to make sure your HO6 (unit owners policy) includes appropriate coverage based on your CC&R requirements. Building coverage is provided on a replacement cost basis with no-coinsurance penalty. "Special Form" perils do not include all losses and some of the exclusions are: flood, wear and tear, construction defects, damage by insects and vermin, wet and dry rot, and water leaks that have occurred over a period of time, etc.

1. Name of Insurer: Travelers Property Casualty Company of America, Policy #630-9467R353
2. Property Insurance Limits: \$129,000,000
3. Business Personal Property Limits: \$100,000
4. Property Deductible: \$5,000

B. GENERAL LIABILITY INSURANCE: The master policy provides coverage for the Association for 'bodily injury' and 'property damage' liability in the common areas of the association. *NOTE: This liability coverage does not extend to the interiors of the units whether owner or tenant occupied.*

1. Name of Insurer: Travelers Property Casualty Company of America , Policy #630-9467R353
2. Limit of Liability: \$1,000,000 occurrence \$2,000,000 aggregate

C. UMBRELLA INSURANCE: The umbrella provides additional liability protection for the association.

1. Name of the Insurer: Travelers Property Casualty Company of America
2. Limit of Liability: \$10,000,000

D. DIRECTORS & OFFICERS LIABILITY INSURANCE: This is a liability coverage that protects the Directors & Officers from liability claims arising out of alleged errors in judgment, breaches of duty, and wrongful acts related to their homeowners association activities.

1. Name of Insurer: United States Liability Insurance Group
2. Limit of Liability: \$5,000,000
3. Retained limit: \$5,000

E. FIDELITY BOND: This is a surety coverage that will reimburse the homeowners association for loss due to the dishonest acts of a covered employee including board members, directors or trustees.

1. Name of Insurer: Continental Casualty Co./CNA
2. Limit: \$2,500,000
3. Deductible: \$15,000

F. EARTHQUAKE INSURANCE: None with our agency

G. FLOOD INSURANCE: None with our agency

H. WORKERS COMPENSATION INSURANCE: None with our agency

This summary of the association's policies of insurance provides only certain information, as required by subdivisions (e) in section 1365 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 associations policies of insurance may not cover your property, including personal property, or real property improvement 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 brokers or agent for appropriate additional coverage.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/27/2011

PRODUCER (650) 692-5033
UPA Insurance Brokers, Inc.
1001 Broadway, 3rd. Floor

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

Millbrae CA 94030-

INSURERS AFFORDING COVERAGE

NAIC #

INSURED
Crown Colony Homeowners Association
379 Imperial Way

INSURER A: TRAVELERS PROPERTY

INSURER B: CASUALTY CO. OF AMERICA

INSURER C:

INSURER D:

INSURER E:

Daly City CA 94015-

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY		/ /	/ /	EACH OCCURRENCE	\$
		<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY		/ /	/ /	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
		<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR		/ /	/ /	MED EXP (Any one person)	\$
				/ /	/ /	PERSONAL & ADV INJURY	\$
		GEN'L AGGREGATE LIMIT APPLIES PER:		/ /	/ /	GENERAL AGGREGATE	\$
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		/ /	/ /	PRODUCTS - COMP/OP AGG	\$
A		AUTOMOBILE LIABILITY		/ /	/ /	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO	630-9467R353	09/27/2011	09/27/2012	BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS		/ /	/ /	BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS		/ /	/ /	PROPERTY DAMAGE (Per accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS		/ /	/ /		
		<input checked="" type="checkbox"/> NON-OWNED AUTOS		/ /	/ /		
		GARAGE LIABILITY		/ /	/ /	AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO		/ /	/ /	OTHER THAN EA ACC	\$
				/ /	/ /	AUTO ONLY: AGG	\$
A		EXCESS/UMBRELLA LIABILITY	630-9467R353	09/27/2011	09/27/2012	EACH OCCURRENCE	\$ 10,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE		/ /	/ /	AGGREGATE	\$ 10,000,000
		<input type="checkbox"/> DEDUCTIBLE		/ /	/ /		\$
		RETENTION \$ 0		/ /	/ /		\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		/ /	/ /	WC STATU-TORY LIMITS	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		/ /	/ /	OTHER	
		If yes, describe under SPECIAL PROVISIONS below		/ /	/ /	E.L. EACH ACCIDENT	\$
				/ /	/ /	E.L. DISEASE - EA EMPLOYEE	\$
				/ /	/ /	E.L. DISEASE - POLICY LIMIT	\$
A		OTHER AUTO PHYSICAL DAMAGE	630-9467R353	09/27/2011	09/27/2012	COMPREHENSIVE/OTC	\$250
				/ /	/ /	COLLISION DEDUCTIBLE	\$500
				/ /	/ /		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER

() - (650) 756-4323

Rita Nicolas

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

