



RSG Specialty, LLC  
 3001 Douglas Blvd. Ste 320  
 Roseville, CA 95661

**Regarding:**

Gold Ridge Forest POA  
 430 E State St Ste 100  
 Eagle, ID 83616

**Quote Number:**

**Proposed Policy Period:** 06/05/2024 to 06/05/2025

**Quote is valid:** for 30 days.

We are pleased to provide you with the following premium quotation. Please review this carefully as it may vary from what you had requested. Not all of the terms and conditions of the policy are listed. **In order to bind coverage we must receive a written confirmation prior to the effective date.**

**Company:** Northfield Insurance Company

**A.M. Best Rating A++**

A.M. Best's rating of A++ applies to certain insurance subsidiaries of Travelers that are members of the Travelers Insurance Companies pool; other subsidiaries are included in another rating pool or are separately rated. For a list of companies rated by A.M. Best and other rating services, visit [travelers.com](http://travelers.com). Ratings listed herein are current, are used with permission, and are subject to changes by the rating services. For the latest rating, access [ambest.com](http://ambest.com).

**Coverage Summary:**

Commercial General Liability Coverage Part	\$ 2,550.00
PREMIUM TOTAL	\$ 2,550.00
Broker Fee	\$ 175.00
Stamping Fee	\$ 4.59
Surplus Lines Tax	\$ 76.50
<b>TOTAL</b>	<b>\$ 2,806.09</b>

Minimum earned premium of 25% of the policy premium applies in the event of cancellation.  
 Broker Fee is fully earned at inception.

**Liability Classifications:**

**Location # 001 4101 Opal Trl, Pollock Pines, CA 95726**  
 41668

Clubs - civic, service, or social - having buildings or premises owned or leased - Non-Profit. -

Products-completed operations are subject to General Aggregate Limit.

Premium Base: Area - 3,100

Premises/Operations: Premium: \$1,499

Products/Completed Operations: Included

48925

Swimming Pools - NOC. - Products-completed operations are subject to General Aggregate Limit.

Premium Base: Each Pool - 1

Premises/Operations: Premium: \$1,051

Products/Completed Operations: Included

**Liability Limits and Deductibles:**

**General Liability**

Each Occurrence Limit	\$ 1,000,000	
Damage To Premises Rented To You Limit	\$ 100,000	Any One Premises
Medical Expense Limit	\$ 5,000	Any One Person
Personal and Advertising Injury Limit	\$ 1,000,000	Any One Person or Organization
General Aggregate Limit	\$ 2,000,000	
Products/Completed Operations Aggregate Limit	\$ 2,000,000	

**General Liability Deductible (Each Claim)**

Bodily Injury/Property Damage Combined	\$ 500
Personal and Advertising Injury Liability	\$ 500

**Conditions:**

- Written request to bind on or before effective date
- Completed and signed Acord 125 & 126
- Completed and signed Supplemental app
- SL2 with wet signature
- D1
- 21-22 currently valued loss runs

**Quoted By:** Linda Fishell

**Attachments:**

- Schedule of Forms and Endorsements
- Proposal Disclosure/Coverage Disclaimer
- Federal Terrorism Risk Insurance Act Disclosure

**Community Association Policy**

**NOTICE:**

WITH RESPECT TO ASSOCIATION LIABILITY COVERAGE PART, THIS IS A CLAIMS MADE POLICY AND, SUBJECT TO ITS PROVISIONS, APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE NAMED ENTITY INSURED DURING THE POLICY PERIOD. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT THAT, THE EXTENDED REPORTING PERIOD APPLIES.

THE CRIME COVERAGE PART APPLIES TO A COVERED LOSS SUSTAINED RESULTING FROM ACTS OR EVENTS OCCURRING DURING THE POLICY PERIOD UNLESS CERTAIN CONDITIONS CONCERNING PRIOR INSURANCE ARE MET.

DEFENSE COSTS INCURRED UNDER COVERAGE PARTS A REDUCE THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTION. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

NAMED ENTITY AND MAILING ADDRESS	NAMED ENTITY NUMBER AND PHYSICAL ADDRESS
Item 1. GOLD RIDGE FOREST PROPERTY OWNERS ASSOCIATION 4101 OPAL TRAIL Pollock Pines, CA 95726	4101 OPAL TRAIL Pollock Pines, CA 95726
POLICY NUMBER	INSURER
619023183	Continental Casualty Company CNA Center, 151 North Franklin Street Chicago, IL 60606

Item 2. **Policy Period:** 07/07/2024 to 07/07/2025  
12:01 a.m. local time at the address stated in Item 1.

Item 3. **Policy Premium:** \$3,813.00

**Total Amount Due:** \$3,813.00

Item 4. Notices to Insurer:

**Claims:**  
CNA – Community Association Claims Reporting  
P.O. Box 8317  
Chicago, IL 60680-8317  
Email: newlossnfpca@cna.com

All other notices:  
Ian H. Graham Insurance, a division of  
Affinity Insurance Services, Inc.  
Managing General Underwriter  
15303 Ventura Boulevard, 12th Floor  
Sherman Oaks, CA 91403

Item 5. Coverage:

This Policy is issued with the Limits of Liability and Retentions set forth, subject to the Prior or Pending Date, if applicable all as set forth in the schedule below.

**Defense Costs** are included within the applicable limit of liability for **Association Liability Coverage Part**.  
Defense costs are neither covered nor included within the applicable limits(s) of liability for the **Crime Coverage Part**.



This Policy includes *only* those coverages designated with a "Yes" as "Included" in column ① of the Coverage Schedule set forth below. *If neither "Yes" or "No" is designated for a Coverage Part or a specific Crime Coverage Part Insuring Agreement, such Coverage Part or specific Crime Coverage Part Insuring Agreement is not included.*

COVERAGE PART	① INCLUDED (YES OR NO)	② SCHEDULED LIMITS OF LIABILITY	③ SCHEDULED RETENTIONS	④ PRIOR OR PENDING DATE
Association Liability	Yes	\$1,000,000  Aggregate Limit of Liability for all Loss paid on behalf of all Named Entity Insureds for all Claims first made during each Policy Period.	\$2,500	07/07/2022
Crime:		\$ per loss		Not Applicable
Insuring Agreement 1: Employee Dishonesty	No	N/A	N/A	
Insuring Agreement 2: Forgery or Alteration	No	N/A	N/A	
Insuring Agreement 3: Theft, Disappearance and Destruction	No	N/A	N/A	
Insuring Agreement 4: Computer Fraud and Wire Transfer Fraud	No	N/A	N/A	

Item 6. Any natural person or entity property manager hired by the Named Entity to provide **Property Management Services**.

Item 7. Endorsements forming a part of this Policy at issuance:

CNA-81758-XX (3/15)	Notice - Offer of Terrorism Coverage; Disclosure of Premium
G-145126-A (8/03)	Policyholder Notice Economic and Trade Sanctions Conditions
G-145170-AC (6/03)	Community Association Policy General Terms and Conditions
G-145171-AC (6/03)	Community Association Liability Coverage Part
CNA-77509-XX (1/14)	Network Risk and Privacy Claim Endorsement
CNA-77510-CA (5/14)	Privacy Event Expense Endorsement - California
CNA-77511-XX (1/14)	Amend Claims By Insured Exclusions Endorsement
CNA-77513-XX (1/14)	Outside Director Endorsement
CNA-77515-XX (1/14)	Supplementary Payment - Defendant Reimbursement Endorsement
CNA-77516-XX (1/14)	Defense Costs Outside the Limits Endorsement
CNA-77517-XX (1/14)	Public Relations Event Expenses Endorsement
CNA-80749-XX (11/14)	Unlimited Extended Reporting Period Endorsement for Past Directors or Officers
CNA-81751-XX (3/15)	Cap on Losses from Certified Acts of Terrorism Endorsement
CNA-90997-XX (1/18)	Immigration Claim Defense Costs Endorsement
CNA-95307-XX (3/19)	Workplace Violence Act Endorsement (with Sublimit)
GSL-8393-XX (3/07)	Remove Specified Peril
GSL-8394-XX (3/07)	Breach of Contract Defense Coverage with Sublimit Endorsement
GSL-11876-XX (2/10)	Bi-Lateral Optional Extended Reporting Period Endorsement
GSL-40679-XX (8/11)	Amend Settlement Endorsement
GSL-40680-XX (8/11)	Mediation Endorsement
CNA-80748-XX (11/14)	First Dollar Defense Endorsement
G-145127-A04 (6/03)	Cancellation and Nonrenewal Endorsement - California
G-145129-A04 (6/03)	Amendatory Changes - California

These Declarations, along with the completed and signed **Application**, the Policy, and any written endorsements attached shall constitute the contract between the **Named Entity Insureds** and the Insurer.

Authorized Representative:



Date:

04/23/2024



California FAIR Plan Association  
**COMMERCIAL INSURANCE POLICY DECLARATIONS**

725 S. Figueroa Street, Suite 3900  
 Los Angeles, CA 90017  
 (800) 339-4099  
 www.cfpnet.com

TRANSACTION TYPE Commercial-Renewal Offer

**YOUR INSURANCE BROKER**  
 Sky Financial And Insurance Services Llc  
 6960 Destiny Dr Ste 101  
 Rocklin, CA 95677  
**PHONE NUMBER (916) 540-7000**

**DATE ISSUED** 04/12/2024  
**POLICY NUMBER** COM 0300441962 02  
**POLICY PERIOD** 06/09/2024 To 06/09/2025  
 12:01 a.m. at the property location

**INSURED NAME AND MAILING ADDRESS**  
 GOLD RIDGE FOREST PROPERTY OWNERS  
 ASSOCIATION  
 4101 OPAL TRL  
 POLLOCK PINES, CA 95726

**PROPERTY LOCATION**  
 4101 OPAL TRL  
 POLLOCK PINES, CA 95726

**IMPORTANT NOTICE TO INSURED**

Check to see that the amount and type of coverage provided by this policy is appropriate. That determination is solely your responsibility.

**RATING INFORMATION**

DEDUCTIBLE (Per Occurrence) \$5000

**COVERAGE AND PREMIUM INFORMATION**

In case of loss we cover only that part of the loss which exceeds the deductible shown. We provide only those coverages and perils shown below as selected ( ✓ ). These are brief summary descriptions; please read the entire policy for details about coverages and covered perils. Please ask your broker for assistance if you wish to obtain information about any coverages you have not purchased

**COVERAGES, LIMITS, PERILS AND PREMIUMS**

SELECTED COVERAGES	LIMITS	PERILS INSURED AGAINST	PREMIUMS
<input checked="" type="checkbox"/> Building(s) <i>see Schedule attached</i>	\$ 930,000	<input checked="" type="checkbox"/> Fire, Lightning and Explosion	\$ 4,515
<input checked="" type="checkbox"/> Business Personal Property	\$ 120,000	<input checked="" type="checkbox"/> Extended Coverages	\$ 507
<input type="checkbox"/> Personal Property of Others	\$ 0	<input checked="" type="checkbox"/> Vandalism	INCLUDED
<input checked="" type="checkbox"/> Business Income and Extra Expense <i>25% Monthly Limitation</i>	\$ 150,000	<input type="checkbox"/> Sprinkler Leakage	EXCLUDED
<input checked="" type="checkbox"/> Other Structures	\$ 100,000		
<input type="checkbox"/> Improvements and Betterments	\$ 0		
<input type="checkbox"/> Replacement Cost	EXCLUDED		

**Total Annual Premium \$ 7,662**

**THIS IS NOT A BILL**

You will be sent a bill approximately 30 days prior to the renewal effective date or you may

GOLD RIDGE FOREST PROPERTY OWNERS  
 ASSOCIATION  
 4101 OPAL TRL  
 POLLOCK PINES, CA 95726

*continued reverse side.*  
 Insured Copy



Wrap+<sup>®</sup>

**Maira A Espinoza**  
PO Box 64094  
St. Paul, MN 55102-0094  
Phone: (925) 746-3953  
Email: MESPINO2@travelers.com

June 18, 2024

AURORA MULLETT KENNEDY  
INTRINSIC INS SERVICES  
6960 DESTINY DR STE 101  
ROCKLIN, CA 95677

**RE: Insured Name:** GOLD RIDGE FOREST PROPERTY OWNERS ASSOCIATION  
4101 OPAL TRAIL  
POLLOCK PINES, CA 95726-9737

**Expiring Policy Number:** 107470664

**Policy Period:** July 1, 2024 to July 1, 2027

Dear AURORA MULLETT KENNEDY:

On behalf of **Travelers Casualty and Surety Company of America** we are pleased to provide the attached proposal of insurance for your review.

The quotes contained in this document are valid until the expiration of your current policy, and are subject to the provision of, and Travelers' review and acceptance of, the required underwriting information noted in the Contingencies section. Travelers reserves the right to change the quotes in this document, or to refuse to bind coverage entirely, based on review of the required underwriting information or based on adverse change in the risk(s) to be insured prior to the quote expiration date noted in this document.

Please note that we require a response to this document prior to expiration of the Insured's current policy in order to facilitate policy renewal. The insured's current policy will expire and not be renewed in the absence of a request, and Travelers' agreement, to bind coverage.

Travelers is pleased to offer Risk Management PLUS+ Online<sup>®</sup>, the industry's most comprehensive program for mitigating your management liability exposures, which is available to you at no additional cost. Please visit [www.rmplusonline.com](http://www.rmplusonline.com) to view the services that are available. If you have additional questions about the site please contact your Underwriter.

Travelers Casualty and Surety Company of America, a subsidiary of The Travelers Companies, Inc., has consistently earned high ratings for financial strength and claims-paying ability from independent rating services, including a current A.M. Best rating of A++\*. Founded in 1853, The Travelers Companies, Inc. is a Fortune 500 company, a component of the Dow Jones Industrial Average, and a leading provider of property casualty insurance for businesses.

Thank you for considering Travelers for your client's insurance coverages. We look forward to discussing this opportunity with you.

Sincerely,

**Maira A Espinoza**  
Travelers Bond & Specialty Insurance

\*A.M. Best's rating of A++ applies to Travelers Casualty and Surety Company of America as well as to certain insurance subsidiaries of Travelers that are members of the Travelers Insurance Companies pool; other subsidiaries are included in another rating pool or are separately rated. For a listing of companies rated by A.M. Best and other rating services visit [www.travelers.com](http://www.travelers.com). Ratings listed herein are as of July 2023, are used with permission, and are subject to changes by the rating services. For the latest rating, access [www.ambest.com](http://www.ambest.com).

**Travelers Casualty and Surety Company of America**  
**QUOTE OPTION #1**

**CRIME COVERAGES:**

Crime Insuring Agreements	Single Loss Limit of Insurance	Single Loss Retention	Crime Insuring Agreements	Single Loss Limit of Insurance	Single Loss Retention
<b>A - Fidelity</b> 1. Employee Theft 2. ERISA Fidelity 3. Employee Theft of Client Property	\$600,000 Not Covered Not Covered	\$5,000	<b>F - Computer Crime</b> 1. Computer Fraud 2. Computer Program and Electronic Data Restoration Expense	\$600,000 Not Covered	\$5,000
<b>B - Forgery or Alteration</b>	\$600,000	\$5,000	<b>G - Funds Transfer Fraud</b>	\$600,000	\$5,000
<b>C - On Premises</b>	Not Covered		<b>H - Personal Accounts Protection</b> 1. Personal Accounts Forgery or Alteration 2. Identity Fraud Expense Reimbursement	Not Covered Not Covered	
<b>D - In Transit</b>	Not Covered		<b>I - Claim Expense</b>	\$5,000	\$0
<b>E - Money Orders and Counterfeit Money</b>	Not Covered				

Insured's Premises Covered: Worldwide, except Not Applicable

**TOTAL ANNUAL PREMIUM - \$1,044.00**

(Other term options listed below, if available)

**LIMIT DETAIL:**

Shared Additional Defense Limit of Liability: N/A

Crime Policy Aggregate Limit of Insurance: N/A

**PREMIUM DETAIL:**

Term	Payment Type	Premium	Taxes	Surcharges	Total Premium	Total Term Premium
1 Year	Prepaid	\$1,044.00	\$0.00	\$0.00	\$1,044.00	\$1,044.00

**POLICY FORMS APPLICABLE TO QUOTE OPTION # 1:**

CRI-2001-0109 Crime Declarations Page  
CRI-3001-0109 Crime Policy Form

**ENDORSEMENTS APPLICABLE TO QUOTE OPTION # 1:**

ACF-7006-0511 Removal of Short-Rate Cancellation Endorsement  
CRI-19060-0713 Replace General Agreement E - Change of Control - Notice Requirements Endorsement  
CRI-19072-0315 Global Coverage Compliance Endorsement – Adding Financial Interest Coverage and Sanctions Condition and Amending Territory Condition  
CRI-19086-0719 Social Engineering Fraud Exclusion Endorsement  
CRI-19101-1117 Amendatory Endorsement for Certain ERISA Considerations  
CRI-19122-1120 Delete Exclusion For Prior Losses Involving Subsidiaries Endorsement  
CRI-5005-0810 California Cancellation or Termination Endorsement

**CONTINGENCIES APPLICABLE TO QUOTE OPTION # 1:**



*This quote is contingent on the acceptable underwriting review of the following information prior to the quote expiration date.*

1 None

**COMMISSION:** 15.00%

**QUOTE NOTES:**

**NOTICES:**

It is the agent's or broker's responsibility to comply with any applicable laws regarding disclosure to the policyholder of commission or other compensation we pay, if any, in connection with this policy or program.

**Important Notice Regarding Compensation Disclosure**

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: [http://www.travelers.com/w3c/legal/Producer\\_Compensation\\_Disclosure.html](http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Agency Compensation, P.O. Box 2950, Hartford, CT 06104-2950.

**Coverage Disclaimer:**

**THIS QUOTE DOES NOT AMEND, OR OTHERWISE AFFECT, THE PROVISIONS OR COVERAGE OF ANY RESULTING INSURANCE POLICY ISSUED BY TRAVELERS. IT IS NOT A REPRESENTATION THAT COVERAGE DOES OR DOES NOT EXIST FOR ANY PARTICULAR CLAIM OR LOSS UNDER ANY SUCH POLICY. COVERAGE DEPENDS ON THE APPLICABLE PROVISIONS OF THE ACTUAL POLICY ISSUED, THE FACTS AND CIRCUMSTANCES INVOLVED IN THE CLAIM OR LOSS AND ANY APPLICABLE LAW.**

**THE PRECEDING OUTLINES THE COVERAGE FORMS, LIMITS OF INSURANCE, POLICY ENDORSEMENTS AND OTHER TERMS AND CONDITIONS PROVIDED IN THIS QUOTE. ANY POLICY COVERAGES, LIMITS OF INSURANCE, POLICY ENDORSEMENTS, COVERAGE SPECIFICATIONS, OR OTHER TERMS AND CONDITIONS THAT YOU HAVE REQUESTED THAT ARE NOT INCLUDED IN THIS QUOTE HAVE NOT BEEN AGREED TO BY TRAVELERS. PLEASE REVIEW THIS QUOTE CAREFULLY AND IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR TRAVELERS REPRESENTATIVE.**

**Affiliate (non-Subsidiary) Coverage Disclaimer:**

Regardless of the submission of information or typical availability of coverage for any entity that is not a Subsidiary of the Named Insured, **such entity is not covered by the Policy unless an endorsement is provided that specifically schedules it.** Under the Wrap+® policy, coverage is generally afforded to the following entities (unless otherwise excluded): (1) the Named Insured and (2) its majority-owned Subsidiaries. A Subsidiary is defined in each coverage part of the Wrap+® policy and the definition can vary between coverage parts. An affiliate is not defined but generally has some ownership and/or management in common with the Named Insured or its Subsidiaries (but itself is not a Subsidiary of either one). Affiliate coverage will not be considered on a blanket basis nor will an individual entity be scheduled without proper underwriting information (please contact your underwriter to discuss specific requirements). For an actual description of coverages, terms and conditions, refer to the Policy. Sample policies can be found on the [travelers.com](http://travelers.com) website or contact your underwriter.