



## INSURANCE DISCLOSURE

Portside Homeowners Association; Portside Master Owners Association

February 1, 2025

### Property Insurance

Carrier: Philadelphia Indemnity Insurance Co  
Policy #: PHPK2650263003  
Policy Term: February 1, 2025 to February 1, 2026  
LIMIT: Special Form, Replacement Cost, Limit  
currently \$158,956,350  
Deductible: \$10,000

### General Liability Insurance

Carrier: Philadelphia Indemnity Insurance Co  
Policy #: PHPK2650263003  
Policy Term: February 1, 2025 to February 1, 2026  
LIMIT: \$1,000,000 Per Occurrence  
\$2,000,000 Annual Aggregate  
Deductible: None

### Workers' Compensation

Carrier: Technology Insurance Company  
Policy #: TWC4554151  
Policy Term: February 1, 2025 to February 1, 2026  
LIMIT: Statutory

### Umbrella Liability Insurance

Carrier: Philadelphia Indemnity Insurance Co  
Policy #: PHUB898818003  
Policy Term: February 1, 2025 to February 1, 2026  
LIMIT: \$5,000,000 Per Occurrence  
\$5,000,000 Annual Aggregate  
Retention: \$10,000

### Excess Liability Insurance

Carrier: Starstone Specialty Insurance Company  
Policy #: 81036X251ALI  
Policy Term: February 1, 2025 to February 1, 2026  
LIMIT: \$5,000,000 Per Occurrence  
\$5,000,000 Annual Aggregate  
Deductible: None

### Crime / Fidelity Insurance:

Carrier: Continental Casualty Company  
Policy #: 618772728  
Policy Term: February 1, 2025 to February 1, 2026  
LIMIT: \$2,000,000  
Computer Fraud Limit: \$2,000,000  
Funds Transfer Fraud Limit: \$2,000,000  
Deductible: \$5,000

### Directors & Officers Insurance:

Carrier: Starr Indemnity & Liability Company  
Policy #: 1000624693251  
Policy Term: February 1, 2025 to February 1, 2026  
LIMIT: \$1,000,000 Per Occurrence  
\$1,000,000 Total Aggregate  
Deductible: \$50,000

### Difference in Conditions Insurance (Earthquake/Flood)

Carrier: Lloyd's of London  
Policy #: DSP2505270  
Policy Term: February 1, 2025 to February 1, 2026  
LIMIT: \$10,000,000  
Deductibles: Earthquake and EQSL- 10% per Unit for  
Combined Subject to a \$50,000 minimum  
per occurrence  
Flood – \$50,000 per occurrence

## EPIC Certificate Processing

### Certificates Made Easy

At EPIC, we understand how critical certificates are to your company. Our team members are knowledgeable and eager to provide you with the vital service your company requires.

### Team Members

Dedicated team members work diligently to provide you with unparalleled service

- Stephanie Johnson - Department Manager
- Lisseth Medina
- Michael Mendoza
- Yleani (Lily) Martinez
- Monica Cantu
- Gabriela Barragan

### 24 Hour Standard Turnaround Time

You choose the method for requesting your certificates

- **Email:** [EPICcerts@epicbrokers.com](mailto:EPICcerts@epicbrokers.com)
- **Phone:** (925) 244-7700
- **Fax:** (925) 901-0671
- **RUSH service available!**

### CSR24

With EPIC, you receive the added benefits of the CSR24 program

- Easily view your Certificates online **24/7**
- *Instant*, real time access to your renewals
- Safe & Secure storage of all original certificates for up to ten years

**\*\*IMPORTANT NOTICE\*\***

**Your personal property and personal liability are NOT COVERED under the Homeowners' Association Master Insurance Policy! An HO6 Policy may be required.**

This summary of the association's policies of insurance provides only certain information, as required by subdivision (f) of 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 association's policies of insurance may not cover your property, including personal property or, real property improvements 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 broker or agent for appropriate additional coverage.



# ADDITIONAL REMARKS SCHEDULE

<b>AGENCY</b> Edgewood Partners Insurance Centers (EPIC) [San Mateo - Branch]		<b>NAMED INSURED</b> Portside Homeowners Association 38 Bryant Street San Francisco, CA 94105	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 24 FORM TITLE: CERTIFICATE OF PROPERTY INSURANCE

### DESCRIPTION OF PROPERTY:

\*This is an Association Policy. The Above policies do not provide HO6 Coverage\*  
 Location Description: 38 Bryant Street; 401 & 403 Main Street, San Francisco, 94105. \*This is an Association Policy. The above policies do not provided HO6 coverage\*



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
2/7/2025

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.

<b>PRODUCER</b> Edgewood Partners Insurance Centers (EPIC) [San Mateo - Branch ID 14605] PO Box 5003 Lic#0B29370 San Ramon CA 94583	<b>CONTACT NAME:</b> Certificate Department		
	<b>PHONE (A/C, No, Ext):</b> (925) 244-7700	<b>FAX (A/C, No):</b> 451-369-3605	
	<b>E-MAIL ADDRESS:</b> HOAcerts@epicbrokers.com		
	<b>PRODUCER CUSTOMER ID:</b> PORTHOM1		
<b>INSURED</b> Portside Homeowners Association 38 Bryant Street San Francisco, CA 94105	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Philadelphia Indemnity Insurance Co		18058
	<b>INSURER B:</b> Continental Casualty Company		20443
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

## COVERAGES

CERTIFICATE NUMBER: 1240874596

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Location Description: 38 Bryant Street; 401 & 403 Main Street, San Francisco, 94105.

See Attached...

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	PHPK2650263003	2/1/2025	2/1/2026	BUILDING	\$
		CAUSES OF LOSS				PERSONAL PROPERTY	\$
						BUSINESS INCOME	\$
		BASIC				EXTRA EXPENSE	\$
		BROAD				RENTAL VALUE	\$
	<input checked="" type="checkbox"/>	SPECIAL				<input checked="" type="checkbox"/> BLANKET BUILDING	\$ 158,956,350
		EARTHQUAKE				BLANKET PERS PROP	\$
	<input checked="" type="checkbox"/>	WIND				BLANKET BLDG & PP	\$
		FLOOD				<input checked="" type="checkbox"/> BUILD ORDINANCE	\$ 2,500,000
	<input checked="" type="checkbox"/>	REPL COST					\$
		INLAND MARINE	TYPE OF POLICY				\$
		CAUSES OF LOSS					\$
		NAMED PERILS	POLICY NUMBER				\$
							\$
B	<input checked="" type="checkbox"/>	CRIME	619045071	2/1/2025	2/1/2026	<input checked="" type="checkbox"/> Employee	\$ 2,000,000
		TYPE OF POLICY					\$
		Crime/Empl Dishonesty				<input checked="" type="checkbox"/> Retention	\$ 5,000
A	<input checked="" type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN	PHPK2650263003	2/1/2025	2/1/2026	<input checked="" type="checkbox"/> INCLUDED	\$
							\$
							\$
							\$
							\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
# OF Units = 220

## CERTIFICATE HOLDER

## 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.

To Any Lender of Record at time of loss

AUTHORIZED REPRESENTATIVE

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/7/2025

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.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Edgewood Partners Insurance Centers (EPIC) [San Mateo - Branch ID 14605] DIV# 452 P.O. BOX 5003  San Ramon, CA 94583	<b>CONTACT NAME:</b> Certificates Department <b>PHONE</b> (A/C, No, Ext): 925-244-7700 <b>FAX</b> (A/C, No): 415-369-9605 <b>E-MAIL ADDRESS:</b> HOACerts@epicbrokers.com
<b>INSURED</b> Portside Homeowners Association; Portside Master Owners Association 38 Bryant Street  San Francisco, CA 94105-6109	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> PHILADELPHIA IND INS CO <b>INSURER B:</b> STARSTONE SPECIALTY INS CO <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES****CERTIFICATE NUMBER:** 1240874596**REVISION NUMBER:**

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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Separ of Insds.  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			PHPK2650263003	02/01/25	02/01/26	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			PHPK2650263003	02/01/25	02/01/26	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCC <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000			PHUB898818003	02/01/25	02/01/26	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
B	<b>Excess Liability, \$5M X \$5M</b>			81036X251ALI	02/01/25	02/01/26	\$5,000,000 Each Occurrence \$5,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER**

To Any Lender of Record at time of loss

**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