



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
05/31/2024

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 Jarrett Bayless 220 N State College Blvd Anaheim, CA 92806-2911		CONTACT NAME: Jarrett Bayless PHONE (A/C, No, Ext): (714) 776-1234 FAX (AC, NO): (714) 776-1239 E-MAIL ADDRESS: jarrett.bayless.twwg@statefarm.com PRODUCER CUSTOMER ID	
INSURED ALISO VILLAS CONDOMINIUM ASSOCIATION C/O TOTAL PROPERTY MGNT 23792 ROCKFIELD BLVD STE 10 LAKE FOREST, CA 92630-2868		INSURER(S) AFFORDING COVERAGE INSURER A : State Farm General Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	NAIC # 25151

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

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

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
<input checked="" type="checkbox"/>	PROPERTY	92-01-9553-3	06/01/2024	06/01/2025	BUILDING	\$
	CAUSES OF LOSS DEDUCTIBLES				PERSONAL PROPERTY	\$
	BASIC BUILDING \$25,000.00				BUSINESS INCOME	\$ SEE ACORD 101
	BROAD CONTENTS				EXTRA EXPENSE	\$ SEE ACORD 101
<input checked="" type="checkbox"/>	SPECIAL				RENTAL VALUE	\$ SEE ACORD 101
	EARTHQUAKE 20				<input checked="" type="checkbox"/> BLANKET BUILDING	\$ \$66,513,300
	WIND				BLANKET PERS PROP	\$
	FLOOD				BLANKET BLDG & PP	\$
						\$
						\$
<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY				\$
	CAUSES OF LOSS	POLICY NUMBER				\$
	NAMED PERILS					\$
						\$
<input type="checkbox"/>	CRIME					\$
	TYPE OF POLICY					\$
						\$
						\$
<input type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
						\$
						\$
						\$

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

CERTIFICATE HOLDER **CANCELLATION**

ALISO VILLAS CONDOMINIUM ASSOCIATION C/O TOTAL PROPERTY MGNT 23792 Rockfield Blvd Ste 10 Lake Forest, CA 92630-2868	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 IF SIGNATURE IS REQUIRED, PLEASE CONTACT AGENT.
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ADDITIONAL REMARKS SCHEDULE

AGENCY Jarrett Bayless		NAMED INSURED ALISO VILLAS CONDOMINIUM ASSOCIATION	
POLICY NUMBER 92-01-9553-3			
CARRIER State Farm General Insurance Company	NAIC CODE 25151	EFFECTIVE DATE: 06/01/2024	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: 24 **FORM TITLE:** Certificate of Property Insurance

Unit Owner:

ALISO VILLAS CONDOMINIUM ASSOC C/O TOTAL PROPERTY MGNT - 23792 Rockfield Blvd Ste 10 - Lake Forest, - CA - 92630-2868 - Unit Loan Number:REFER TO ACORD - Number Of Units: 0424

Association Type: Residential Community Association Policy

Forms, Options and Endorsements:

CMP-4101 Businessowners Coverage Form
 CMP-4812 Excl Fixtures, Improvements
 CMP-4814 Dir & Officers \$5,000,000
 FE-1313 Form 438bfu Ns Lndr Loss Pay
 CMP-4710 Emp Dishonesty \$25,000
 CMP-4705.2 Loss of Income & Extra Expense
 CMP-4261 Amendatory Endorsement

Forms, Options and Endorsements:

CMP-4719.1 Earthquake Volcanic Eruption
 CMP-4701 Addl Property Not Covered
 FE-6999.3 Terrorism Insurance Cov Notice
 CMP-4696 Residential Community Assoc
 CMP-4508 Money and Securities
 CMP-4260.1 Amendatory Endorsement-Ca

Coverages:

Business Liability \$5,000,000
 Medical Payments \$5,000
 Products-Completed Operations \$10,000,000
 General Aggregate \$10,000,000

Coverage

Unless otherwise endorsed, this policy provides replacement cost coverage on described property and common areas detailed within the Association Covenants, Conditions, and Restrictions (CC&Rs) including the following types of property within a unit, regardless of ownership:
 1. Fixtures, improvements and alterations that are a part of the building or structure; and
 2. Appliances such as those used for refrigerating, ventilating, cooking, dishwashing, laundering, security or housekeeping.

Replacement cost coverage is subject to the terms and conditions of the policy and any endorsements.

Coverage under this policy may have been modified to provide actual cash value coverage rather than replacement cost coverage, or to remove specified property from coverage, if any endorsement containing in its title "ACV" or "Actual Cash Value," or "Additional Property Not Covered" is identified on this Certificate of Insurance.

Endorsements: FE-3650, FE-3653, FE-3658, and FE-3659 (Actual Cash Value) - These endorsements describe what the term "actual cash value" means where used in the policy. **However, these endorsements do not change any replacement cost coverage provided by the policy.**

This policy provides coverage on a standalone/individual condominium association.

Commercial General Liability

State Farm refers to this coverage as Business Liability Coverage. Coverage amount shown is Per Occurrence.

Loss of Rents, Loss of Income and Extra Expense

If this coverage is shown, limits are "Actual Loss Sustained". Contact the agent to confirm the number of day's coverage.