



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
06/01/2021

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> BAYLESS INSURANCE AGENCY, INC. 220 N STATE COLLEGE BLVD. ANAHEIM, CA 92806-2911	<b>CONTACT NAME:</b> JARRETT D BAYLESS <b>PHONE (A/C, No, Ext):</b> (714) 776-1234 <b>FAX (A/C, No):</b> (714) 776-1239 <b>E-MAIL ADDRESS:</b> JARRETT.BAYLESS.TWWG@STATEFARM.COM <b>PRODUCER CUSTOMER ID:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
<b>INSURED</b> ALISO VILLAS CONDOMINIUM ASSOCIATION C/O TOTAL PROPERTY MANAGEMENT 23792 ROCKFIELD BLVD STE 100 LAKE FOREST, CA 92630-2868	<b>INSURER A :</b> State Farm General Insurance Company      25151	
	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

**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	
A	<input checked="" type="checkbox"/> <b>PROPERTY</b>	92-01-9553-3	06/01/2021	06/01/2022	BUILDING	\$	
	CAUSES OF LOSS				DEDUCTIBLES	PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC				BUILDING \$10,000	BUSINESS INCOME	\$ SEE ACORD 101
	<input type="checkbox"/> BROAD				CONTENTS	EXTRA EXPENSE	\$ SEE ACORD 101
	<input checked="" type="checkbox"/> SPECIAL				20%	RENTAL VALUE	\$ SEE ACORD 101
	<input checked="" type="checkbox"/> EARTHQUAKE					<input checked="" type="checkbox"/> BLANKET BUILDING	\$ 50,937,200
	<input type="checkbox"/> WIND					BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD					BLANKET BLDG & PP	\$
			\$				
			\$				
	<input type="checkbox"/> <b>INLAND MARINE</b>	TYPE OF POLICY				\$	
	CAUSES OF LOSS					\$	
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$	
						\$	
	<input type="checkbox"/> <b>CRIME</b>					\$	
	TYPE OF POLICY					\$	
						\$	
	<input type="checkbox"/> <b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>					\$	
						\$	
						\$	
						\$	

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

<b>CERTIFICATE HOLDER</b>  	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. <b>J. Bayless      75-0603</b>
	AUTHORIZED REPRESENTATIVE <b>Fire 75</b> <b>Southern California 23-F788</b>



**ADDITIONAL REMARKS SCHEDULE**

AGENCY BAYLESS INSURANCE AGENCY, INC		NAMED INSURED ALISO VILLAS CONDOMINIUM ASSOCIATION	
POLICY NUMBER 92-01-9553-3		C/O TOTAL PROPERTY MANAGEMENT 23792 ROCKFIELD BLVD STE 100	
CARRIER State Farm General Insurance Company	NAIC CODE 25151	LAKE FOREST, CA 92630-2868	
		EFFECTIVE DATE:	06/01/2021

**ADDITIONAL REMARKS**

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

Unit Owner:

- - Mission Viejo - CA - 92691 - Unit Loan Number: - 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-4705.1	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-6999.2	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 bylaws 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, FE3658, 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.

3473 E-CHGRN  
23- 0603-  
CONDOMINIUM

AT1 003473 3150-04  
ALISO VILLAS CONDOMINIUM  
ASSOCIATION  
C/O TOTAL PROPERTY MGNT  
23792 ROCKFIELD BLVD STE 100  
LAKE FOREST CA 92630-2868



RECEIVED

MAR 29 2021

TOTAL PROPERTY  
MANAGEMENT



ST  
0101-0

March 23, 2021

Policy number: 92-01-9553-3 California  
Policy type: Residential Community Association Policy  
Location: Multiple Locations

IMPORTANT NOTICE  
Coverage Change

State Farm General Insurance Company will renew your policy on  
June 01, 2021, however we'll make the following change(s) to your State  
Farm® policy:

We'll increase the Section I Property deductible to \$25,000.00 because of  
the overall loss experience on this policy:

DATE	LOSS DESCRIPTION	AMOUNT
01-24-20	Building damage	\$24,867.02
09-21-19	Bodily injury liability	\$0.00
07-01-19	Bodily injury liability	\$0.00
12-16-18	Water or freezing damage	\$83,997.71
08-25-18	Water or freezing damage	\$9,892.37
02-28-17	Water or freezing damage	\$0.00
05-02-16	Bodily injury liability	\$40,000.00
07-12-15		\$0.00
12-29-14	Property damage liability	\$28,577.33
12-17-14	Property damage liability	\$24,872.48
07-29-13	Water or freezing damage	\$0.00
07-09-13	Water or freezing damage	\$0.00
05-01-13	Water or freezing damage	\$0.00
04-25-13	Water or freezing damage	\$18,423.92
08-04-11	Bodily injury liability	\$35,000.00
04-30-11	Building damage	\$0.00
11-22-10	Property damage liability	\$0.00