Ą	Ć	ORD	CE	RTIFICATE OF PR	ROPERT	OPERTY INSURANCE DATE (MM/DD/YYYY) 06/02/2022						
C B	ERT ELC	IFICATE DO W. THIS CE	ES NOT AFFIR	S A MATTER OF INFORMATION ON MATIVELY OR NEGATIVELY AMEN INSURANCE DOES NOT CONSTIT R, AND THE CERTIFICATE HOLDER.	D, EXTEND OR UTE A CONTRA	ALTER THE CO	VEF	RAGE AFFORDED E	BY THE	POLICIES		
PRO	DUCE	R			CONTACT Ja	NAME: Janen Bayless						
		,	s Insurance Age		$(\pi, 0, \pi_0, \pi_0)$							
StateFarm 220 N. State College Blvd.						irrett.bayless.twwg	@st	atefarm.com				
			nahoim CA 02806 2011			PRODUCER CUSTOMER ID:						
INSU	RED	Ananei	Anaheim CA 92806-2911			INSURER(S) AFFORDING COVERAGE INSURER A : State Farm General Insurance Company						
intoc	NLD	Aliso V	Aliso Villas Condominium Association			INSURER B :						
			c/o Total Property Mgnt 23792 Rockfield Blvd Ste 100			INSURER C :						
						INSURER D :						
		Lake F	Lake Forest, CA 92630-2868			INSURER E :						
					INSURER F :							
CO	VEF	RAGES		CERTIFICATE NUMBER:			RE\	ISION 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,												
INSR				UCH POLICIES. LIMITS SHOWN MAY HAV	POLICY EFFECTIVE	POLICY EXPIRATION		COVERED PROPERTY		LIMITS		
LTR		PROPERTY			DATE (MM/DD/YYYY)	DATE (MM/DD/YYYY)				Limito		
		JSES OF LOSS	DEDUCTIBLES					BUILDING PERSONAL PROPERTY	\$ \$			
		BASIC	BUILDING	-				BUSINESS INCOME		E ACORD 101		
		BROAD	- \$25,000 CONTENTS	_				EXTRA EXPENSE	· ·	E ACORD 101		
	X	SPECIAL		02.01.0552.2	06/01/2022	06/01/2022		RENTAL VALUE	\$ SEI	E ACORD 101		
	\times	EARTHQUAKE	20%	92-01-9553-3	06/01/2022	06/01/2023	X	BLANKET BUILDING	\$	\$56,640,400		
		WIND		_				BLANKET PERS PROP	\$			
		FLOOD		_				BLANKET BLDG & PP	\$			
				_					\$			
									\$			
CAUSES		SES OF LOSS	IE	TYPE OF POLICY POLICY NUMBER					\$			
			5						\$			
									\$ \$			
		CRIME							\$			
	TYPE OF POLICY								\$			
									\$			
	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.												
CE	RTI	ICATE HOL	DER		CANCELLAT	CANCELLATION						
					THE EXPIRA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
					Completed I	AUTHORIZED REPRESENTATIVE Completed by an authorized State Farm representative. If signature is required, please contact agent.						

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AGENCY CUSTOMER ID: 75-399B

LOC #: 1



ADDITIONAL DEMADKS SCHEDULE

Da o on of o

ADDITIONAL			DULE	Page	2 01 2							
AGENCY		NAMED INSURED										
Jarrett Bayless		Aliso Villas Condominium Association										
POLICY NUMBER		c/o Total Property Mgnt 23792 Rockfield Blvd Ste 100										
92-01-9553-3			0									
CARRIER	NAIC CODE	Lake Forest,		CA	92630-2868							
State Farm General Insurance Company	25151	EFFECTIVE DATE:	06/02/2022									
ADDITIONAL REMARKS												
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM,											
FORM NUMBER: 24 FORM TITLE: Certificate of Property Insurance												
Association Type: Residential Community Association Policy	•											
Forms, Options and Endorsements:	F	orms, Options and En	dorsements:									
CMP-4101 Businessowners Coverage Form		CMP-4719.1	Earthquake Volc	anic Eruption								
CMP-4812 Excl Fixtures, Improvements		CMP-4701	Addl Property									
CMP-4814 Dir & Officers \$5,000,000		FE-6999.3	Terrorism Insurance									
FE-1313 Form 438bfu Ns Lndr Loss Pay CMP-4710 Emp Dishonesty \$25,000		CMP-4696 CMP-4508	Residential Com	and Securities								
CMP-4705.2 Loss of Income & Extra Expense		CMP-4260.1	Amendatory End									
CMP-4261 Amendatory Endorsement		0111 4200.1	Amondatory End									
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: Fixtures, improvements and alterations that are a part of the building or structure; and 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. 												

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