



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
06/04/2020

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>                                      |                          | <b>CONTACT NAME:</b> Jarrett Bayless                      |                                       |
|  | Jarrett Bayless          | <b>PHONE (A/C. No. Ext):</b> (714) 776-1234               | <b>FAX (A/C. No.):</b> (714) 776-1239 |
|  | 220 N State College Blvd | <b>E-MAIL ADDRESS:</b> jarrett.bayless.twwg@statefarm.com |                                       |
| Anaheim,   | CA 92806-2911            | <b>PRODUCER CUSTOMER ID:</b>                              |                                       |
| <b>INSURED</b>                                       |                          | <b>INSURER(S) AFFORDING COVERAGE</b>                      |                                       |
| Aliso Villas Condominium Association                 |                          | <b>INSURER A:</b> State Farm General Insurance Company    |                                       |
| c/o Total Property Mgmt 23792 Rockfield Blvd Ste 100 |                          | <b>INSURER B:</b>   |                                       |
| Lake Forest,   |                          | <b>INSURER C:</b>   |                                       |
| CA 92630-2868  |                          | <b>INSURER D:</b>   |                                       |
|  |                          | <b>INSURER E:</b>   |                                       |
|  |                          | <b>INSURER F:</b>   |                                       |
|  |                          | <b>NAIC #</b>   |                                       |
|  |                          | 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"/> | <b>PROPERTY</b>                                     | 92-01-9553-3   | 06/01/2020                         | 06/01/2021                          | BUILDING         | \$                                  |                   |                 |
|                                     | CAUSES OF LOSS                                      |                |                                    |                                     | DEDUCTIBLES      | PERSONAL PROPERTY                   | \$                |                 |
|                                     | BASIC   |                |                                    |                                     | BUILDING         | BUSINESS INCOME                     | \$ SEE ACORD 101  |                 |
|                                     | BROAD   |                |                                    |                                     | \$10,000         | EXTRA EXPENSE                       | \$ SEE ACORD 101  |                 |
|                                     | SPECIAL   |                |                                    |                                     | CONTENTS         | RENTAL VALUE                        | \$ SEE ACORD 101  |                 |
| <input checked="" type="checkbox"/> | EARTHQUAKE  |                |                                    |                                     | 20%              | <input checked="" type="checkbox"/> | BLANKET BUILDING  | \$ \$47,685,900 |
|                                     | WIND  |                |                                    |                                     |                  |                                     | BLANKET PERS PROP | \$              |
|                                     | FLOOD   |                |                                    |                                     |                  |                                     | BLANKET BLDG & PP | \$              |
|                                     |   |                |                                    |                                     | \$               |                                     |                   |                 |
|                                     |   |                |                                    |                                     | \$               |                                     |                   |                 |
|                                     | <b>INLAND MARINE</b>                                | TYPE OF POLICY |                                    |                                     |                  | \$                                  |                   |                 |
|                                     | CAUSES OF LOSS                                      |                |                                    |                                     |                  | \$                                  |                   |                 |
|                                     | NAMED PERILS  | POLICY NUMBER  |                                    |                                     |                  | \$                                  |                   |                 |
|                                     |   |                |                                    |                                     |                  | \$                                  |                   |                 |
|                                     | <b>CRIME</b>  |                |                                    |                                     |                  | \$                                  |                   |                 |
|                                     | TYPE OF POLICY                                      |                |                                    |                                     |                  | \$                                  |                   |                 |
|                                     |   |                |                                    |                                     |                  | \$                                  |                   |                 |
|                                     | <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.

### CERTIFICATE HOLDER

### CANCELLATION

|              |  |
|--------------|--|
| NA           | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| NA           |  |
| NA, CA 92691 |  |
|              | AUTHORIZED REPRESENTATIVE  |
|              | IF SIGNATURE IS REQUIRED, PLEASE CONTACT AGENT.  |

© 1995-2015 ACORD CORPORATION. All rights reserved.



**ADDITIONAL REMARKS SCHEDULE**

|   |                    |   |  |
|---|--------------------|---|--|
| AGENCY<br>Jarrett Bayless                       |                    | NAMED INSURED<br>Aliso Villas Condominium Association |  |
| POLICY NUMBER<br>92-01-9553-3                   |                    |   |  |
| CARRIER<br>State Farm General Insurance Company | NAIC CODE<br>25151 | EFFECTIVE DATE: 06/01/2020                            |  |

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 24 **FORM TITLE:** Certificate of Property Insurance

**Unit Owner:**

NA - NA - Mission Viejo, - CA - 92691 - Unit Loan Number:NA - 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-6999.2 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

**Companion Policies:**

92CXR8079 Workers Compensation

**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, 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.

**ALISO VILLAS CONDOMINIUM ASSOCIATION  
INSURANCE DISCLOSURE STATEMENT  
JUNE 04, 2020**

California Civil Code 5300 (a) (9) requires homeowner associations to disclose a summary of certain insurance policies maintained by the association. For your information, the Association is pleased to summarize the insurance coverage as follows:

|                                 | <b>CARRIER</b> | <b>EXPIRATION DATE</b> | <b>POLICY LIMIT</b> | <b>DEDUCTIBLE</b> |
|---------------------------------|----------------|------------------------|---------------------|-------------------|
| <b>PROPERTY COVERAGE</b>        | State Farm     | 6/1/2021               | \$ 47,685,900       | \$ 10,000         |
| <b>GENERAL LIABILITY</b>        | State Farm     | 6/1/2021               | 5,000,000           | \$ 10,000         |
| <b>DIRECTORS &amp; OFFICERS</b> | State Farm     | 6/1/2021               | \$ 5,000,000        |                   |
| <b>FIDELITY BOND / CRIME</b>    | N/A            |                        |                     |                   |
| <b>EARTHQUAKE COVERAGE</b>      | State Farm     | 6/1/2021               |                     | 20%               |
| <b>FLOOD COVERAGE</b>           | N/A            |                        |                     |                   |
| <b>WORKERS COMPENSATION</b>     | N/A            |                        |                     |                   |

This disclosure statement is a general description of coverage. All coverage is subject to the exclusions and conditions of the insurance contracts. Statements here cannot alter, reduce, or expand any coverage in the policies. The information provided is deemed accurate at the time of issue. Owners with questions are encouraged to contact the association's insurance agent at the following address:

Bayless Insurance Agency Inc.  
220 N. State College BLVD.  
Anaheim CA 92806  
Office: 714-776-1234  
Fax: 714-776-1239

**This summary of the association's policies of insurance provides only certain information, as required by subdivision (9) of Section 5300 (a) of the Civil Code, and should not be considered a substitute for the completed 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.**

**Individual Liability Policies and Loss Assessment Coverage:** It is very important that you explore your own risks with a knowledgeable insurance agent, and purchase coverage to protect you from any liability from an accident occurring in your own unit, the common area, and/or any exclusive use common area (such as patios, garages, carports, balconies), and to protect you from any liability or insurance gaps in coverage between the association's coverage and your own. It is also strongly recommended that you inquire about Loss Assessment Coverage. An endorsement for loss assessment provides protection to individual unit owners for extraordinary special assessments, such as excess liability over the association's insurance proceeds or an extraordinary expense incurred by the association, allocated to the owners, through a special assessment (such as a special assessment to pay for rebuilding costs which exceed insurance proceeds from an earthquake or fire loss). Please contact your personal insurance agent for further details.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/29/2020

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 have ADDITIONAL INSURED provisions or 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><br>Millennium Risk Management & Insurance Services<br>An ISU Network Member #0M93299<br>5530 Trabuco Road<br>Irvine CA 92620        | <b>CONTACT NAME:</b> Lisa Quattro<br><b>PHONE (A/C, No, Ext):</b> (949) 857-4500<br><b>E-MAIL ADDRESS:</b> LQuattro@mcsins.com | <b>FAX (A/C, No):</b> (949) 679-7235 |
|   | <b>INSURER(S) AFFORDING COVERAGE</b>   |                                      |
| <b>INSURED</b><br>Aliso Villas Condominium Association<br>c/o Total Property Management<br>23792 Rockfield Blvd., Suite 100<br>Lake Forest CA 92630 | <b>INSURER A:</b> Pennsylvania Manufacturers Assoc. NAIC # 12262   |                                      |
|   | <b>INSURER B:</b> Great American Insurance NAIC # 16691  |                                      |
|   | <b>INSURER C:</b>  |                                      |
|   | <b>INSURER D:</b>  |                                      |
|   | <b>INSURER E:</b>  |                                      |

**COVERAGES**

CERTIFICATE NUMBER: 20-21 Master Certificate

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 INSD | SUBR WVD | POLICY NUMBER      | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|-----------|----------|--------------------|-------------------------|-------------------------|--|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          |                    |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$                       |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY      |           |          |                    |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$   |           |          |                    |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$   |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           |          | 2020011167956Y     | 06/01/2020              | 06/01/2021              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| B        | Fidelity   |           |          | SAA554382110547-08 | 06/01/2020              | 06/01/2021              | \$25,000 Deductible \$3,500,000  |

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

Management company is an additional insured under the Fidelity policy.

424 Units.

**CERTIFICATE HOLDER****CANCELLATION**

Proof of Insurance

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

