



# EVIDENCE OF PERSONAL PROPERTY INSURANCE

DATE(MM/DD/YYYY)

05/31/22

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.

AGENCY <b>Mary Agcaoili - Farmers Ins. Agcy</b> 208 3rd Avenue Chula Vista, CA 91910 License#:0817101		PHONE (A/C, No, Ext): <b>(619) 651-1900</b>	COMPANY <b>FARMERS INSURANCE EXCHANGE</b> <b>FARMERS INSURANCE GROUP OF COMPANIES</b>	
FAX (A/C, No): <b>(866) 721-2782</b>		E-MAIL ADDRESS:		
CODE:	SUB CODE:			
AGENCY CUSTOMERID#:				
INSURED <b>AMHERST ESTATES</b> P.O. BOX 151412 SAN DIEGO, CA 92175		LOAN NUMBER	POLICY NUMBER <b>60471-43-76</b>	
		EFFECTIVE DATE <b>02/04/2022</b>	EXPIRATION DATE <b>02/04/2023</b>	<input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

**PROPERTY INFORMATION**

LOCATION/DESCRIPTION

**PROPERTY LOCATED AT: 6735 AMHERST STREET  
SAN DIEGO, CA 92115**

**COVERAGE INFORMATION**

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
<b>BUILDING (INCLUDES GARAGES, CARPORTS, CLUBHOUSES, ETC.)</b>	<b>3,605,200</b>	<b>\$5,000</b>
<b>LIABILITY - PER OCCURRENCE</b>	<b>\$2,000,000</b>	
<b>- GENERAL AGGREGATE</b>	<b>\$4,000,000</b>	
<b>FIDELITY BOND - INCLUDING PROPERTY MANAGER (#J6350)</b>	<b>\$75,000</b>	
<b>DIRECTORS AND OFFICERS LIABILITY</b>	<b>\$1,000,000</b>	<b>\$500</b>
<b>EXTENDED REPLACEMENT COST- 125%</b>		

**REMARKS (Including Special Conditions)**

- THIS IS A BAREWALLS HOMEOWNERS ASSOCIATION MASTER POLICY COVERING ALL COMMON-AREAS AND THE STRUCTURE (EXCLUDING INTERIOR WALLS) .
- BUILDING ORDINANCE AND LAW COVERAGE IS INCLUDED.
- SEVERABILITY OF INTEREST IS INCLUDED ON THIS POLICY.
- INFLATION GUARD COVERAGE IS INCLUDED ON THIS POLICY.
- WIND/HAIL COVERAGE IS INCLUDED.
- EARTHQUAKE COVERAGE IS NOT INCLUDED.

**NUMBER OF UNITS: 18**

**CANCELLATION**

THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW 30 DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

**ADDITIONAL INTEREST**

NAME AND ADDRESS	<input type="checkbox"/>	MORTGAGEE	<input type="checkbox"/>	ADDITIONAL INSURED
	<input type="checkbox"/>	LOSS PAYEE	<input type="checkbox"/>	
	LOAN#			
AUTHORIZED REPRESENTATIVE				