



# CERTIFICATE OF PROPERTY INSURANCE

OP ID: GG

DATE (MM/DD/YYYY)

06/02/2017

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

<b>PRODUCER</b> Socher Insurance Agency, Inc. 1350 Old Bayshore Highway Suite 630 Burlingame, CA 94010 House Account		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> _____ <b>PRODUCER CUSTOMER ID:</b> <b>CROWN-2</b>	
<b>INSURED</b> <b>Crown Harbor Homeowners Association</b> <b>Associa Northern California</b> <b>8000 Jarvis Avenue</b> <b>Newark, CA 94560</b>		<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
		<b>INSURER A : Sequoia Insurance Company</b>	
		<b>INSURER B : Philadelphia Indemnity Ins Co</b>	
		<b>INSURER C : Underwriters at Lloyds</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)  
**Crime/Employee Dishonesty/Fidelity Bond includes property manager as an Employee. Please see Certificate of Liability (Acord 25) for remaining Coverage Building Ordinance Coverage A is included in the policy limits.**


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		
<b>A</b>	<input checked="" type="checkbox"/>	PROPERTY	<b>SEP1002253 02</b>	<b>03/31/2017</b>	<b>03/31/2018</b>	<input checked="" type="checkbox"/> BUILDING	\$ <b>27,944,923</b>		
		CAUSES OF LOSS				DEDUCTIBLES	<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ <b>15,000</b>	
		BASIC				BUILDING <b>5,000</b>		BUSINESS INCOME	\$
		BROAD				Contents		EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/>	SPECIAL						RENTAL VALUE	\$
		EARTHQUAKE						BLANKET BUILDING	\$
		WIND						BLANKET PERS PROP	\$
		FLOOD						BLANKET BLDG & PP	\$
								<input checked="" type="checkbox"/> Bldg Ordnce Cov B	\$ <b>1,397,246</b>
								<input checked="" type="checkbox"/> Bldg Ordnce Cov C	\$ <b>2,794,492</b>
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$			
	CAUSES OF LOSS					\$			
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$			
						\$			
<b>B</b>	<input checked="" type="checkbox"/>	CRIME	<b>PHSD1223325</b>	<b>03/31/2017</b>	<b>03/31/2018</b>	<input checked="" type="checkbox"/> Limit	\$ <b>600,000</b>		
		TYPE OF POLICY				<input checked="" type="checkbox"/> Ded.	\$ <b>5,000</b>		
	<input type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN				\$			
<b>C</b>	<input checked="" type="checkbox"/>	EQ - DIC	tbd	<b>06/13/2017</b>	<b>06/13/2018</b>	<input checked="" type="checkbox"/> Stop Loss Limit:	\$ <b>5,000,000</b>		
						<input checked="" type="checkbox"/> Deductible:	\$ <b>20%</b>		

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**Special Form (wind included) 100% replacement cost with 100% co-insurance on an Agreed Amount. 76 units. Policy is walls-in including betterments & improvements. Severability of interest included on the package policy.**

**CERTIFICATE HOLDER****CANCELLATION**

<b>FORINFO</b>  For Informational Purposes	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 

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