




CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

11/21/2016

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.

PRODUCER		CONTACT NAME:	
	9330 Clrmnt Mesa Blvd Ste B	PHONE (A/C No. Ext): (858) 277-7222	FAX (A/C No): (858) 277-8094
	San Diego, CA 92123-	E-MAIL ADDRESS: 55-7430.holdingcode.etml@statefarm.com	
	PRODUCER CUSTOMER ID:		
INSURED		INSURER(S) AFFORDING COVERAGE	
Arbor Woods Homeowners Association Attn Ceosd Net PO Box 34398 Pmb 605 San Diego, CA 92163-4398	INSURER A: State Farm General Insurance Company		NAIC # 25151
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

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"/>	PROPERTY				<input checked="" type="checkbox"/> BUILDING	\$ \$2,777,300
	CAUSES OF LOSS	DEDUCTIBLES				
	BASIC	BUILDING \$5,000			<input type="checkbox"/> PERSONAL PROPERTY	\$
	BROAD	CONTENTS			<input type="checkbox"/> BUSINESS INCOME	\$ SEE ACORD 101
<input checked="" type="checkbox"/>	SPECIAL				<input type="checkbox"/> EXTRA EXPENSE	\$ SEE ACORD 101
	EARTHQUAKE	90-63-9157-3	11/05/2016	11/05/2017	<input type="checkbox"/> RENTAL VALUE	\$ SEE ACORD 101
	WIND				<input type="checkbox"/> BLANKET BUILDING	\$
	FLOOD				<input type="checkbox"/> BLANKET PERS PROP	\$
					<input type="checkbox"/> BLANKET BLDG & PP	\$
						\$
						\$
						\$
	INLAND MARINE	TYPE OF POLICY				\$
	CAUSES OF LOSS					\$
	NAMED PERILS	POLICY NUMBER				\$
						\$
<input checked="" type="checkbox"/>	CRIME				<input checked="" type="checkbox"/> Bond Amount	\$ \$10,000
	TYPE OF POLICY	90-QB-8402-2	01/01/2016	01/01/2018*	<input checked="" type="checkbox"/> MAR	\$ \$5,000
	Fidelity Bond			Incl Renewal		\$
	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.

CERTIFICATE HOLDER**CANCELLATION**

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

IF SIGNATURE IS REQUIRED, PLEASE CONTACT AGENT.

CA 00000

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ADDITIONAL REMARKS SCHEDULE

AGENCY POLICY NUMBER 90-63-9157-3		NAMED INSURED Arbor Woods Homeowners Association	
CARRIER State Farm General Insurance Company	NAIC CODE 25151	EFFECTIVE DATE: 11/05/2016	

ADDITIONAL REMARKS

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

Unit Owner:

- This is a common areas only policy. No structure coverage is included. - . - ., - CA - 00000 - Unit Loan Number: None - Number Of Units: 0015

Association Type: Residential Community Association Policy

Forms, Options and Endorsements:

CMP-4101	Businessowners Coverage Form
CMP-4814	Dir & Officers \$5,000,000
CMP-4731	Ordinance Or Law
CMP-4696	Residential Community Assoc
CMP-4508	Money and Securities

Forms, Options and Endorsements:

CMP-4828	Extra Replacement Cost
CMP-4768	Addl Condo Prop Not Covered
FE-6999.2	Terrorism Insurance Cov Notice
CMP-4710	Emp Dishonesty \$25,000
CMP-4705.1	Loss of Income & Extra Expnse

Coverages:

Business Liability	\$5,000,000
Medical Payments	\$5,000
Products-Completed Operations	\$10,000,000
General Aggregate	\$10,000,000

Companion Policies:

90B6D8780	Workers Compensation
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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.

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.