



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
02/05/2019

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> Kristine Avram(996533T) 5520 Wellesley St Ste 207  La Mesa CA 91942-4401	<b>CONTACT NAME:</b>		
	<b>PHONE (A/C, NO, EXT):</b> 619-465-5298	<b>FAX (A/C, NO):</b>	
	<b>E-MAIL ADDRESS:</b> kavram@farmersagent.com		
	<b>PRODUCER CUSTOMER ID:</b>		
		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> DAYBREAK LA MESA HOA C/O PROFESSIONAL HOA CONSULTAN 8181 MISSION GORGE RD. #E SAN DIEGO CA 92120	<b>INSURER A:</b> Truck Insurance Exchange		21709
	<b>INSURER B:</b> Farmers Insurance Exchange		21652
	<b>INSURER C:</b> Mid Century Insurance Company		21687
	<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)**  
5715 BALTIMORE DR, LA MESA, CA, 91942

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	<input type="checkbox"/> PROPERTY	606652055	02/26/2019	02/26/2020	<input checked="" type="checkbox"/> BUILDING	\$44,066,300
	<input type="checkbox"/> CAUSES OF LOSS				<input type="checkbox"/> PERSONAL PROPERTY	\$
	<input type="checkbox"/> DEDUCTIBLES				<input type="checkbox"/> BUSINESS INCOME	\$
	<input type="checkbox"/> BASIC				<input type="checkbox"/> EXTRA EXPENSE	\$
	<input type="checkbox"/> BUILDING				<input type="checkbox"/> RENTAL VALUE	\$
	<input type="checkbox"/> BROAD				<input type="checkbox"/> BLANKET BUILDING	\$
	<input type="checkbox"/> CONTENTS				<input type="checkbox"/> BLANKET PERS PROP	\$
	<input checked="" type="checkbox"/> SPECIAL				<input type="checkbox"/> BLANKET BLDG & PP	\$
	<input type="checkbox"/> EARTHQUAKE				<input checked="" type="checkbox"/> Liab Occurrence	\$ 1,000,000
	<input type="checkbox"/> WIND				<input checked="" type="checkbox"/> Liab Aggregate	\$ 2,000,000
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$
	<input type="checkbox"/> CAUSES OF LOSS					\$
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$
						\$
B	<input type="checkbox"/> CRIME	606658055	02/26/2019	02/26/2020	<input checked="" type="checkbox"/> \$500 deductible	\$ 1,000,000
	TYPE OF POLICY					\$
	Employee Dishonesty					\$
B	<input type="checkbox"/> Directors & Officers	606658055	02/26/2019	02/26/2020	<input checked="" type="checkbox"/> \$1,000 deductible	\$ 1,000,000
						\$
B	Workers Compensation	A09494184	02/26/2019	02/26/2020	Statutory	\$ 1,000,000
B	Umbrella	606652065	02/26/2019	02/26/2020		\$ 3,000,000

**SPECIAL CONDITIONS/OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
156 Units, 125% Extended Replacement cost, Walls In coverage, Building Ordinance and Law included, Separation of Insureds applies. Wind and Hail is included in Special forms coverage. Certificate holder is additional insured.

<b>CERTIFICATE HOLDER</b> Professional HOA Consultants 8181 Mission Gorge Rd Ste E San Diego CA 92120	<b>CANCELLATION</b> 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 <i>Kristine Avram</i>
--	---

Insurance Disclosure for: Daybreak La Mesa HOA

**General Liability Coverage**

Policy 606652055

- |                      |  |
|----------------------|--|
| 1. Insurance Carrier | Farmers Insurance Exchange                   |
| 2. Deductible        | None   |
| 3. Policy Limits     | \$1,000,000 occurrence/\$2,000,000 aggregate |
| 4. Policy Term       | 02/26/2019-02/26/2020                        |

**Property Coverage**

Policy 606652055

- |                      |                            |
|----------------------|----------------------------|
| 1. Insurance Carrier | Farmers Insurance Exchange |
| 2. Deductible        | \$25,000                   |
| 3. Policy Limits     | \$44,068,300               |
| 4. Policy Term       | 02/26/2019-02/26/2020      |

**Directors & Officers**

Policy 606652055

- |                    |                            |
|--------------------|----------------------------|
| 1. Name of Insurer | Farmers Insurance Exchange |
| 2. Deductible      | \$1,000                    |
| 3. Policy Limits   | \$1,000,000                |
| 4. Policy Term     | 02/26/2019-02/26/2020      |

**Fidelity Coverage**

Policy 606652055

- |                    |                            |
|--------------------|----------------------------|
| 1. Name of Insurer | Farmers Insurance Exchange |
| 2. Deductible      | \$500                      |
| 3. Policy Limits   | \$1,000,000                |
| 4. Policy Term     | 02/26/2019-02/26/2020      |

**Umbrella Coverage**

Policy 606652065

- |                    |                            |
|--------------------|----------------------------|
| 1. Name of Insurer | Farmers Insurance Exchange |
| 2. Deductible      | None                       |
| 3. Policy Limits   | \$3,000,000                |
| 4. Policy Term     | 02/26/2019-02/26/2020      |

**Workers Compensation**

Policy A09494184

- |                    |                            |
|--------------------|----------------------------|
| 1. Name of Insurer | Farmers Insurance Exchange |
| 2. Deductible      | None                       |
| 3. Policy Limits   | \$1,000,000                |
| 4. Policy Term     | 02/26/2019-02/26/2020      |

**“This summary of the association’s policies of insurance provides only certain information, as required by Section 5033 of the Civil Code, and should not be considered a substitute for the complete 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. “**