

NPP1588946D

Renewal of Number

\*\*\* RENEWAL CERTIFICATE \*\*\*

Customer Copy  
Direct Bill Policy

POLICY DECLARATIONS

**United States Liability Insurance Company**

1190 Devon Park Drive, Wayne, Pennsylvania 19087

A Member Company of United States Liability Insurance Group

No. NPP1588946E

NAMED INSURED AND ADDRESS:

**CIELO VISTA HOA  
121 TIERRA DEL SOL  
HOLLISTER, CA 95023**

POLICY PERIOD: (MO. DAY YR.) From: 05/23/2024 To: 05/23/2025

12:01 A.M. STANDARD TIME AT YOUR  
MAILING ADDRESS SHOWN ABOVE

FORM OF BUSINESS: Non Profit Organization

BUSINESS DESCRIPTION: Community Association

**IN CONSIDERATION OF THE RENEWAL PREMIUM STATED BELOW, EXPIRING POLICY NUMBER NPP1588946D IS RENEWED FOR THE POLICY PERIOD STATED ABOVE. PLEASE ATTACH THIS RENEWAL CERTIFICATE TO YOUR EXPIRING POLICY.**

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.  
THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

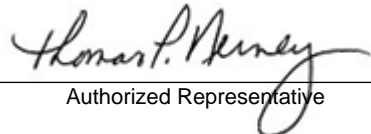
	PREMIUM
Commercial Liability Coverage Part	\$570.00
Directors And Officers Liability Coverage Part	\$1,635.00
<b>TOTAL:</b>	<b>\$2,205.00</b>

Coverage Form(s) and Endorsement(s) made a part of this policy at time of issue

**See Endorsement EOD (1/95)**

Agent: **DIBUDUO & DEFENDIS INSURANCE BROKERS, LLC. (2887)**  
P.O. Box 5479  
Fresno, CA 93755-5479

Issued: **05/24/2024 10:29 AM**

By:   
Authorized Representative

UPC (08-07)

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

## EXTENSION OF DECLARATIONS

Policy No. NPP1588946E

Effective Date: 05/23/2024

12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS

### FORMS AND ENDORSEMENTS

**The following forms apply to multiple coverage parts**

<i>Endt#</i>	<i>Revised</i>	<i>Description of Endorsements</i>
IL0017	11/98	Common Policy Conditions
IL0021	09/08	Nuclear Energy Liability Exclusion Endorsement
Jacket	07/19	Policy Jacket
L-526	01/15	Absolute War Or Terrorism Exclusion
L-610	11/04	Expanded Definition Of Bodily Injury
LLQ100	07/06	Amendatory Endorsement
LLQ368	08/10	Separation Of Insureds Clarification Endorsement

**The following forms apply to the Commercial Liability coverage part**

<i>Endt#</i>	<i>Revised</i>	<i>Description of Endorsements</i>
CG0001	12/07	Commercial General Liability Coverage Form
CG0068	05/09	Recording And Distribution Of Material Or Information In Violation Of Law Exclusion
CG2017	10/93	Additional Insured - Townhouse Associations
CG2107	05/14	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - Limited Bodily Injury Exception Not Included
CG2147	12/07	Employment-Related Practices Exclusion
IL0270	07/20	California Changes - Cancellation and Nonrenewal
L-526	01/15	Absolute War Or Terrorism Exclusion
L-532	08/03	Exclusion - Construction Operations
L-549	12/07	Absolute Professional Liability Exclusion
L-599	10/12	Absolute Exclusion for Pollution, Organic Pathogen, Silica, Asbestos and Lead with a Hostile Fire Exception
L-600	08/05	Pre-Existing Or Progressive Damage Or Defect Exclusion
L-783	02/14	Amendment Of Liquor Liability Exclusion

**The following forms apply to the Directors And Officers Liability coverage part**

<i>Endt#</i>	<i>Revised</i>	<i>Description of Endorsements</i>
CAP	08/15	Community Association Directors & Officers Liability Coverage Form
CAP 240	02/21	Biometric Information Exclusion
CAP CA	03/16	California State Amendatory Endorsement
CAP-230	08/15	Failure To Maintain Insurance Exclusion Endorsement
CAP-238	08/17	Amend Definition of Organization

Endorsements marked with an asterisk (\*) have been added to this policy or have a new edition date and are attached with this certificate.

**COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS**

**Policy No. NPP1588946E**

Effective Date: 05/23/2024  
12:01 STANDARD TIME

**LIMITS OF INSURANCE**

Each Occurrence Limit	<b>\$1,000,000</b>
Personal & Advertising Injury Limit (Any One Person/Organization)	<b>\$1,000,000</b>
Medical Expense (Any One Person)	<b>\$5,000</b>
Damages To Premises Rented To You (Any One Premises)	<b>\$100,000</b>
Products/Completed Operations Aggregate Limit	<b>Included</b>
General Aggregate Limit	<b>\$2,000,000</b>

**LIABILITY DEDUCTIBLE**

**\$0**

**LOCATIONS OF ALL PREMISES YOU OWN, RENT OR OCCUPY**

<i>Location</i>	<i>Address</i>	<i>Territory</i>
1	121 Tierra Del Sol, Hollister, CA 95023	012

**PREMIUM COMPUTATION**

<i>Loc</i>	<i>Classification</i>	<i>Code No.</i>	<i>Premium Basis</i>	<i>Rate</i>		<i>Advance Premium</i>	
				<i>Pr/Co</i>	<i>All Other</i>	<i>Pr/Co</i>	<i>All Other</i>
1	Community Associations - Not-for-Profit only	68500	76 Per Unit	Included	7.500	Included	\$570
1	Additional Insured - Townhouse Association	49950	1 Flat	Included	0.000	Included	Included
<b>TOTAL PREMIUM FOR GENERAL LIABILITY COVERAGE PART:</b>							<b>\$570</b>
(This Premium may be subject to adjustment.) <b>MP - minimum premium</b>							

Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue:

**See Form EOD (01/95)**

**THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.**

**DIRECTORS & OFFICERS LIABILITY COVERAGE PART DECLARATIONS**

**PLEASE READ YOUR POLICY CAREFULLY.**

**THIS IS A CLAIMS MADE POLICY COVERAGE FORM AND UNLESS OTHERWISE PROVIDED HEREIN, THE COVERAGE OF THIS FORM IS LIMITED TO LIABILITY FOR CLAIMS FIRST MADE DURING THE POLICY PERIOD, OR THE EXTENSION PERIOD, IF APPLICABLE. DEFENSE COSTS SHALL BE APPLIED AGAINST THE RETENTION.**

**No. NPP1588946E**

Effective Date: **05/23/2024**

12:01 AM STANDARD TIME

ITEM I. PARENT ORGANIZATION AND PRINCIPAL ADDRESS

**CIELO VISTA HOA  
121 TIERRA DEL SOL  
HOLLISTER, CA 95023**

ITEM II. POLICY PERIOD: (MM/DD/YYYY) From: 05/23/2024 To: 05/23/2025

**Community Association Directors & Officers Liability - D&O/EPL**

ITEM III. LIMITS OF LIABILITY	\$1,000,000	EACH CLAIM
	\$1,000,000	IN THE AGGREGATE
ITEM IV. RETENTION:	\$5,000	EACH CLAIM
ITEM V. PREMIUM:	\$1,635	

ITEM VI. Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue:  
**See Endorsement EOD (01/95)**

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.