



CERTIFICATE OF PROPERTY INSURANCE

KREA

DATE (MM/DD/YYYY)
10/28/2019

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.

PRODUCER Socher Insurance Agency, Inc. 1350 Old Bayshore Highway #630 Burlingame, CA 94010	CONTACT NAME: PHONE (A/C, No, Ext): (877) 317-9300 FAX (A/C, No): (877) 317-9305 E-MAIL ADDRESS: info@hoainsurance.net PRODUCER CUSTOMER ID: FIELOWN-01														
INSURED Fieldstone Owners Association Board of Directors 344 Fieldstone Drive Murphys, CA 95247	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A : American Alternative Insurance Corporation</td> <td></td> </tr> <tr> <td>INSURER B : Continental Casualty Company</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : American Alternative Insurance Corporation		INSURER B : Continental Casualty Company		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Please see Certificate of Liability, Acord 25, for remaining coverage.
Equipment Breakdown coverage included. Crime/Employee Dishonesty/Fidelity Bond includes Property Manager as an Employee.

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																														
A	<input checked="checked" type="checkbox"/> PROPERTY	CAU515329-1	11/02/2019	11/02/2020	<table border="0" style="width: 100%;"> <tr> <td><input checked="checked" type="checkbox"/></td> <td>BUILDING</td> <td style="text-align: right;">\$ 17,225,000</td> </tr> <tr> <td></td> <td>PERSONAL PROPERTY</td> <td style="text-align: right;">\$</td> </tr> <tr> <td></td> <td>BUSINESS INCOME</td> <td style="text-align: right;">\$</td> </tr> <tr> <td></td> <td>EXTRA EXPENSE</td> <td style="text-align: right;">\$</td> </tr> <tr> <td></td> <td>RENTAL VALUE</td> <td style="text-align: right;">\$</td> </tr> <tr> <td></td> <td>BLANKET BUILDING</td> <td style="text-align: right;">\$</td> </tr> <tr> <td></td> <td>BLANKET PERS PROP</td> <td style="text-align: right;">\$</td> </tr> <tr> <td></td> <td>BLANKET BLDG & PP</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input checked="checked" type="checkbox"/></td> <td>Ord Cov B:</td> <td style="text-align: right;">\$ 866,000</td> </tr> <tr> <td><input checked="checked" type="checkbox"/></td> <td>Ord Cov C:</td> <td style="text-align: right;">\$ 1,732,000</td> </tr> </table>	<input checked="checked" type="checkbox"/>	BUILDING	\$ 17,225,000		PERSONAL PROPERTY	\$		BUSINESS INCOME	\$		EXTRA EXPENSE	\$		RENTAL VALUE	\$		BLANKET BUILDING	\$		BLANKET PERS PROP	\$		BLANKET BLDG & PP	\$	<input checked="checked" type="checkbox"/>	Ord Cov B:	\$ 866,000	<input checked="checked" type="checkbox"/>	Ord Cov C:	\$ 1,732,000	
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<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY				\$																														
<input type="checkbox"/>	CAUSES OF LOSS	POLICY NUMBER				\$																														
<input type="checkbox"/>	NAMED PERILS					\$																														
						\$																														
						\$																														
B	<input checked="checked" type="checkbox"/> CRIME	618649009	11/02/2019	11/02/2020	Deductible: \$2,500	\$ 540,000																														
									\$																											
	Fidelity Bond					\$																														
						\$																														
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$																														
						\$																														
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SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Special Form (wind included), Guaranteed Replacement Cost Basis with No Co-Insurance. 46 Units. Policy is Walls In excluding Betterments & Improvements. Severability of Interest included on Package Policy.

CERTIFICATE HOLDER

CANCELLATION

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

Kayla Ru