



Dear Farmers® Customer,

Thank you for choosing Farmers for your Business Insurance needs.

In today's business environment, we understand that your business needs may change during the year. For example, you may acquire new equipment, adjust your staffing, add a new location, create electronic ordering and/or billing for your customers or begin offering new services.

**These changes may require updated insurance coverage for your business.**

Farmers and its agents want to help make you smarter about your insurance. To do that, we offer special services at no additional cost to you to help you ensure your business has the coverage it needs.

For example:

- Your agent will be happy to schedule a Farmers Friendly Review® with you. During this review, your agent can talk to you about available insurance discounts, potential coverage gaps, and new products that may be available to you. In addition, if there have been changes in your business since your last policy review, your premium may be eligible for additional pricing consideration.
- MysafetyPoint.com makes safety and loss control information available that may help you avoid workplace injuries and other losses.

To access this information, log onto [www.mysafetypoint.com](http://www.mysafetypoint.com), then register with your policy number and email address to find safety and loss control information that is specific to your type of business.

**ENCLOSED YOU WILL FIND YOUR RENEWAL DOCUMENTS. PLEASE REVIEW YOUR COVERAGES TO ENSURE THEY MEET YOUR NEEDS.**

If you have any questions, please contact your Farmers agent.

**Vicky Mallett**

**Email: [vmallett@farmersagent.com](mailto:vmallett@farmersagent.com)**

**858-454-3225**



## Notice To Policyholders Regarding Terrorism Insurance Coverage And Rejection Of Terrorism Coverage

You are hereby notified that under the Terrorism Risk Insurance Act your policy provides coverage for losses arising out of certified acts of terrorism, as defined in Section 102(1) of the Act. The term "certified act of terrorism" means any act that is certified by the Secretary of the Treasury, in accordance with the provisions of the federal Terrorism Risk Insurance Act to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the government by coercion.

You should know that coverage provided by this policy for losses caused by "certified acts of terrorism" is partially reimbursed by the United States government under a formula established by federal law. Under this formula, the United States pays a percentage of covered terrorism losses exceeding the statutorily established deductible paid by us as your insurer. The premium charged for this coverage does not include any charges for the portion of loss covered by the federal government under the Act.

You should also know that the Terrorism Risk Insurance Act contains a \$100 billion cap that limits U.S. Government reimbursement and our liability for losses resulting from Certified Acts of Terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The premium cost for such "certified acts of terrorism" is \$ 192.00

You have the right to decline this coverage for "certified acts of terrorism." If you choose to do so, you must sign this form and return it in the enclosed envelope within 30 days of the effective date of this policy. If this policy provides primary coverage for general liability and coverage for "certified acts of terrorism" is declined, that declination will also apply to any umbrella or excess policy issued for this policy by any member Company or Exchange of the Farmers Insurance Group of Companies®

### Rejection Of Coverage For "Certified Acts Of Terrorism"

I hereby elect to reject coverage for "Certified Acts of Terrorism." I acknowledge that by signing this Rejection of Coverage of "Certified Acts of Terrorism" that I understand and agree that I will not have any coverage for such losses under this policy.

_____	<b>FARMERS INSURANCE EXCHANGE</b>
Policyholder/Applicant's Signature	Insurance Company
_____	<b>60512-07-83</b>
Print Name	Policy Number
_____	<b>07/14/18</b>
Date	Policy Effective Date

**Please be sure to use the correct envelope; do not include this form with your premium payment!**



# STATEMENT

FARMERS INSURANCE EXCHANGE

DEL CORONADO SANTEE TOWNHOMES  
8181 MISSION GORGE RD STE E  
SAN DIEGO CA 92120-1600

APRIL 28, 2018  
Date  
99-36-250  
Agent's Number  
60512-07-83  
Policy Number  
Loan Number

Renewal Statement - The Company will renew your policy for an additional 12 months term only if payment of the premium indicated is made on or before the renewal date of this notice.

### This Statement Reflects:

Effective Date: 07/14/18

New Business       Reinstatement       Change Of Coverage       Added Coverage

\$	Previous Balance Owing	
\$	Premium	
\$	Membership, Policy, Reinstatement, Reissue or Service Fees	
\$	Pro Rata Premium Due	
\$	19,357.00	Premium For Renewing Entire Present Coverage From <u>07/14/18</u> To <u>07/14/19</u>
\$		
\$		
\$		
\$		
\$	19,357.00	Total Charges
\$		
\$	Payments	
\$	Other Credits	_____
\$	Total Credits	
\$	- NONE -	<b>BALANCE DUE UPON RECEIPT</b>
\$	Optional Amount	
\$	Refund	

WE WANT TO BE YOUR FIRST CHOICE FOR BUSINESS AND PERSONAL LINES INSURANCE. IF YOU PLACE A PERSONAL LINES POLICY WITH FARMERS YOU MAY BE ELIGIBLE TO RECEIVE A DISCOUNT. CONTACT YOUR AGENT TODAY.

**IMPORTANT- D-O-N-O-T P-A-Y T-H-I-S N-O-T-I-C-E  
PREMIUM WILL BE BILLED. ACCT # F003701841-001-00001.**



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_____ Policyholder/Applicant's Signature	_____ FARMERS INSURANCE EXCHANGE Insurance Company
_____ Print Name	_____ 60512-07-83 Policy Number
_____ Date	_____ 07/14/18 Policy Effective Date

**Please be sure to use the correct envelope; do not include this form with your premium payment!**



## COMMON POLICY DECLARATIONS

**Named Insured** DEL CORONADO SANTEE TOWNHOMES

F003701841-001-00001

**Mailing Address** 8181 MISSION GORGE RD STE E  
 SAN DIEGO, CA 92120-1600

Account No.	Prod. Count
99-36-25G	60512-07-83
Agent No.	Policy Number

**Form of Business**

<input type="checkbox"/> Individual	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Limited Liability Co.
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Other Organization

**Business Description:**  
 Condominium

**Policy Period** From 07-14-2018 (not prior to time applied for)  
 To 07-14-2019 12:01 A.M. Standard time at your mailing address shown above.

If this policy replaces other coverage that ends at noon standard time of the same day this policy begins, this policy will not take effect until the other coverage ends. **This policy will continue for successive policy periods as follows:** if we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect.

The attorney-in-fact (AIF) or management fee for your renewed policy will never exceed 20% of the policy's premiums and will be paid out of the premiums. You may wish to consider this information in deciding whether to accept or decline this offer to renew your policy.

This policy consists of the following coverage parts listed below and for which a premium is indicated. This premium may be subject to change.

Coverage Parts	Premium After Discount And Modification
Condominiums Owners Policy	\$18,121.00
Directors And Officers Liability	\$1,236.00
Certified Acts Of Terrorism - See Disclosure Endorsement	Included
Total (See Additional Fee Information Below)	\$19,357.00



Farmers Insurance Exchange (A Reciprocal Insurer)  
Member Of The Farmers Insurance Group Of Companies®

Home Office: 6301 Owensmouth Ave., Woodland Hills, CA 91367

## POLICY DECLARATIONS - CONDO/TOWNHOME PREMIER POLICY

**Named Insured** DEL CORONADO SANTEE TOWNHOMES

**Mailing Address** 8181 MISSION GORGE RD STE E  
SAN DIEGO, CA 92120-1600

**Policy Number** 60512-07-83

**Auditable**

**Policy Period** From 07-14-2018  
To 07-14-2019 12:01 A.M. Standard time at your mailing address shown above.

In return for the payment of premium and subject to all the terms of this policy, we agree with you to provide insurance as stated in this policy. We provide insurance only for those Coverages described and for which a specific limit of insurance is shown.

The following premium credits and discounts applied to the premium associated with this coverage part:

**Favorable Loss Experience Discount**

There may be other credits and discounts you may be able to enjoy, please contact your agent for full details.

**Your Agent**

Vicky Mallett  
7946 Ivanhoe Ave#222  
La Jolla, CA 92037  
(858) 454-3225

PROPERTY, INLAND MARINE AND CRIME COVERAGES AND LIMITS						
The following coverages apply to the described locations and/or building. Please refer to the Base Coverages And Extensions section for other coverages and extensions applying at the policy level.						
<b>Option:</b> BV - Blanket Value (see Base Coverage & Extensions for the total limit) <b>Valuation:</b> ACV - Actual Cash Value; AV - Agreed Value; RC - Replacement Cost; ERC - Extended RC; FRC - Functional RC; GRC - Guaranteed RC <b>Abbreviation:</b> ALS = Actual Loss Sustained; BI = Business Income; EE = Extra Expense						
Premises Number	Bldg. No.	Covered Premises Address	Mortgagee Name And Address			
001	All	10500 N Magnolia Avenue Santee, CA 92071				
Coverage			Option	Valuation	Limit Of Insurance	Deductible / Waiting Period
Building				ERC	\$20,854,300	\$10,000
Business Personal Property (BPP)				RC	\$16,600	\$10,000
Accounts Receivables - On-Premises					\$5,000	\$10,000
Building - Automatic Increase Amount					2%	
Building Ordinance Or Law - 1 (Undamaged Part)					Included	None
Building Ordinance Or Law - 2 (Demolition Cost)					\$335,000	None
Building Ordinance Or Law - 3 (Increased Cost)					\$334,700	None
Debris Removal					25% Of Loss + 10,000	
Electronic Data Processing Equipment					\$10,000	\$10,000
Equipment Breakdown					Included	\$10,000
Equipment Breakdown - Ammonia Contamination					\$25,000	
Equipment Breakdown - Drying Out Coverage					Included	
Equipment Breakdown - Expediting Expenses					Included	
Equipment Breakdown - Hazardous Substances					\$25,000	
Equipment Breakdown - Water Damage					\$25,000	
Exterior Building Glass					Included	\$10,000
Outdoor Property					\$50,000	\$10,000
Outdoor Property - Trees, Shrubs & Plants (Per Item)					\$25,000	\$10,000
Personal Effects					\$2,500	\$10,000
Specified Property					\$125,000	\$10,000
Valuable Paper And Records - On-Premises					\$5,000	\$10,000

**PROPERTY, INLAND MARINE AND CRIME COVERAGE AND LIMITS OF INSURANCE**

The following Coverages and Extensions apply to all covered locations (premises) and/or buildings. Please refer to the individual location (premises) section for coverages and limits specific to such location (premises).

Base Coverage And Extensions	Limit of Insurance	Deductible/ Waiting Period
Accounts Receivables - Off-Premises	\$2,500	\$10,000
Association Fees And Extra Expense	\$100,000	
Back Up Of Sewers Or Drains	\$25,000	\$10,000
Crime Conviction Reward	\$5,000	None
Employee Dishonesty	\$700,000	\$5,000
Fire Department Service Charge	\$25,000	None
Fire Extinguisher Systems Recharge Expense	\$5,000	None
Forgery And Alteration	\$2,500	\$10,000
Limited Biohazardous Substance Coverage - Per Occurrence	\$10,000	\$10,000
Limited Biohazardous Substance Coverage - Aggregate	\$20,000	\$10,000
Limited Cov. - Fungi Wet Rot Dry Rot & Bacteria - Aggregate	\$15,000	\$10,000
Master Key	\$10,000	None
Master Key - Per Lock	\$100	None
Money And Securities - Inside Premises	\$10,000	\$500
Money And Securities - Outside Premises	\$10,000	\$500
Money Orders And Counterfeit Paper Currency	\$1,000	\$10,000
Newly Acquired Or Constructed Property	\$250,000	\$10,000
Outdoor Signs	\$50,000	\$500
Outdoor Signs - Per Sign	\$25,000	\$500
Personal Property At Newly Acquired Premises	\$100,000	\$10,000
Personal Property Off Premises	\$5,000	\$10,000
Premises Boundary	100 Feet	
Preservation Of Property	30 Days	
Valuable Paper And Records - Off-Premises	\$2,500	\$10,000



**LIABILITY AND MEDICAL EXPENSES  
COVERAGE AND LIMITS OF INSURANCE**

Each paid claim for the following coverage reduces the amount of insurance we provide during the applicable policy period. Please refer to the policy.

**Premium Basis:** (A) Area; (C) Total Cost; (P) Payroll; (S) Sales/Receipts; (U) Each Unit  
(M) Public Area Square Feet  
(O) Other:

**Covered Premises And Operations**

Address	Classification / Exposure	Class Code	Prem. Basis	Annual Exposure	Rate	Advance Premium
10500 N Magnolia Avenue Santee, CA 92071	Condominiums / Townhomes Swimming Pool	8641 00097	Incl U	Included 2	Included Included	Included Included

**LIABILITY AND MEDICAL EXPENSES COVERAGE AND LIMITS OF INSURANCE CONTINUED**

Coverage	Amount / Date
General Aggregate (Other Than Products & Completed Operations)	\$4,000,000
Products And Completed Operations Aggregate	\$2,000,000
Personal And Advertising Injury	Included
Each Occurrence	\$2,000,000
Tenants Liability (Each Occurrence)	\$100,000
Medical Expense (Each Person)	\$5,000
Pollution Exclusion - Hostile Fire Exception	Included
Directors & Officers Liability - Per Claim	\$2,000,000
Directors & Officers Liability - Aggregate	\$2,000,000
Directors & Officers Liability - Self Insured Retention	\$1,000
Directors & Officers Liability - Discrimination	Included
Directors & Officers Liability Retroactive Date	07/11/1973
Hired Auto Liability	\$2,000,000
Non-Owned Auto Liability	\$2,000,000