



SINCE 1908

INSURANCE

1006 Freedom Blvd • P.O. Box 310
Watsonville, CA 95077

PHONE (831) 724-1085
FAX (831) 724-1089

February 3, 2009

The Glen Of Pacific Grove Homeowners Assoc, Inc.
1 Glen Lake Drive
Pacific Grove, CA 93950

Re: Package & Umbrella through Travelers Prop Cas of America
Policy No: I680840D0623TIL08 & ISFCUP831Y0482TIL08

Dear Mr. Chaffers:

Enclosed please find the Binder evidencing renewal coverage for the above referenced policy. The Binder will serve as temporary proof of coverage and will be replaced by the actual policy. The policy has been requested from the insurance carrier and will be forwarded to your attention as soon as we receive it in our office.

Please remember to review your policy when you receive it, including exclusions and limitations. If there are changes to be made, please contact our office. Optional coverage and endorsements may be available, some for an additional charge, should insurance needs change. Higher limits may also be available. All coverages are subject to the insurance company's underwriting requirements and the placement of additional protection must be approved.

It is required that you notify us of any additional entities, owners, autos, equipment or changes in your operations or exposures including changes in your payroll and annual receipts. Failure to do so could jeopardize your coverage and/or increase your premium if your policy is auditable.

An invoice for the premium will be sent by Travelers Insurance Group. Please send the payment directly to them. Each installment includes an installment fee. **Premium payment is your responsibility, so please watch for the bills. We will not follow up with you for non-payment of premium.** If Travelers Insurance Group does not receive your payment by the due date, a late fee may be charged and a Notice of Cancellation will be issued. If the policy should go into cancellation mode, for non-payment of premium, you will be without protection.

While we'll routinely be communicating regarding your account, please plan to contact me whenever you need a change in coverage or when you might need assistance. We appreciate the opportunity to service your insurance needs.

Sincerely,

Danya Fernandes
Customer Service Representative



CALIFORNIA INSURANCE LIC. # 0426333



INSURANCE BINDER

DATE (MM/DD/YYYY)
3/01/2009

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON REVERSE SIDE OF THIS FORM

| | | | | | |
|--|--|---|--|---|--|
| AGENCY KBK Insurance Agency - CDI License #0426333 P. O. Box 310 1006 Freedom Boulevard Watsonville CA 95077 | | COMPANY Travelers Prop Cas of America | | BINDER # B0912304956 | |
| PHONE (A/C, No, Ext): (831) 724-1085 FAX (A/C, No): (831) 724-1089 | | DATE EFFECTIVE TIME 5/5/2009 12:01 | | EXPIRATION DATE TIME 7/5/2009 12:01 AM | |
| CODE: OHE7740000 SUB CODE: | | THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY # - I680840D0623TIL08 | | | |
| AGENCY CUSTOMER ID: 00003553 | | DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) | | | |
| INSURED THE GLEN OF THE PACIFIC GROVE HOMEOWNERS ASSOCIATION 1057 FIRST ST GILROY CA 95020 | | LOCATION: 3-110 GLEN LAKE DRIVE, PACIFIC GROVE, CA 93950 | | | |

| COVERAGES | | LIMITS | | |
|--|---|------------------------------|---------|--------------|
| TYPE OF INSURANCE | COVERAGE/FORMS | DEDUCTIBLE | COINS % | AMOUNT |
| PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC | BLANKET BUILDINGS, REPLACEMENT COST, SPECIAL FORM | 5,000 | | 16,800,000 |
| GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | RETRO DATE FOR CLAIMS MADE : | EACH OCCURRENCE | | \$ 1,000,000 |
| | | DAMAGE TO RENTED PREMISES | | \$ 300,000 |
| | | MED EXP (Any one person) | | \$ 5,000 |
| | | PERSONAL & ADV INJURY | | \$ 1,000,000 |
| | | GENERAL AGGREGATE | | \$ 2,000,000 |
| | | PRODUCTS - COMP/OP AGG | | \$ 2,000,000 |
| VEHICLE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | COMBINED SINGLE LIMIT | | \$ |
| | | BODILY INJURY (Per person) | | \$ |
| | | BODILY INJURY (Per accident) | | \$ |
| | | PROPERTY DAMAGE | | \$ |
| | | MEDICAL PAYMENTS | | \$ |
| | | PERSONAL INJURY PROT | | \$ |
| | | UNINSURED MOTORIST | | \$ |
| VEHICLE PHYSICAL DAMAGE DED <input type="checkbox"/> COLLISION: _____ <input type="checkbox"/> OTHER THAN COL: _____ | <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES | ACTUAL CASH VALUE | | \$ |
| | | STATED AMOUNT | | \$ |
| GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | AUTO ONLY - EA ACCIDENT | | \$ |
| | | OTHER THAN AUTO ONLY: | | \$ |
| | | EACH ACCIDENT | | \$ |
| | | AGGREGATE | | \$ |
| EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM | ISFCUP831T0482TIL08 RETRO DATE FOR CLAIMS MADE : | EACH OCCURRENCE | | \$ 5,000,000 |
| | | AGGREGATE | | \$ 5,000,000 |
| | | SELF-INSURED RETENTION | | \$ 0 |
| WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY | | WC STATUTORY LIMITS | | \$ |
| | | E.L. EACH ACCIDENT | | \$ |
| | | E.L. DISEASE - EA EMPLOYEE | | \$ |
| | | E.L. DISEASE - POLICY LIMIT | | \$ |
| SPECIAL CONDITIONS/ OTHER COVERAGES | PENDING ISSUANCE & RECEIPT OF RENEWAL POLICY | FEES | | \$ |
| | | TAXES | | \$ |
| | | ESTIMATED TOTAL PREMIUM | | \$ |

| | | | | | |
|-------------------|--|---------------------------|--|---------------------|--|
| NAME & ADDRESS | | MORTGAGEE | | ADDITIONAL INSURED | |
| PROOF OF COVERAGE | | LOSS PAYEE | | | |
| | | LOAN # | | | |
| | | AUTHORIZED REPRESENTATIVE | | Sondra Carter/DANYA | |