



Glen of Pacific Grove HOA

TheZenith®

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

ADDRESS ENDORSEMENT

It is hereby agreed that the ADDRESS of the Insured as shown in Item 1 of the Information Page has been amended.

3-110 GLEN LAKE DRIVE
PACIFIC GROVE, CA 93950

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective *05/03/11*
Insured *THE GLEN OF THE PACIFIC GROVE HOME OWNERS ASSOC., INC*
Policy No. *C090 C045854613*
Policy Period *01/13/11 To 01/13/12*
Issued On *05/10/11*

At *Los Angeles 002, CA*

WC-00-99-63A
(Ed 07-00)

AGENT COPY

ZNAT INSURANCE COMPANY

Jane W Frank
PRESIDENT

Endorsement No 16



INSURED'S MAILING ADDRESS CHANGE ENDORSEMENT

It is hereby agreed that the INSURED'S MAILING ADDRESS as shown in Item 1 of the Information Page has been amended.

PO BOX 1531
SALINAS, CA 93901

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective *01/13/11*
Insured *THE GLEN OF THE PACIFIC GROVE HOME OWNERS ASSOC., INC*
Policy No *C090 C045854613*
Policy Period *01/13/11 To 01/13/12*
Issued On *12/15/10*

ZNAI INSURANCE COMPANY

James W Frank
PRESIDENT

At *Los Angeles 002, CA*

WC-00-99-68
(Ed. 07-00)

AGENT COPY

Endorsement No. 15

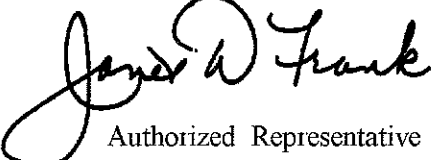
**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
 INFORMATION PAGE**

ITEM 1	Renewal of: C045854612	Policy Number: C090 C045854613									
INSURED NAME AND MAILING ADDRESS	THE GLEN OF THE PACIFIC GROVE HOME OWNERS ASSOC , INC 1057 FIRST STREET GILROY, CA 95020	DIRECT BILL									
PHYSICAL LOCATION	1057 FIRST STREET GILROY, CA 95020	Policy Type: SPECIALTY MARKETS Line: NON-PARTICIPATING Entity: ASSOCIATION Billing Type: STIPULATED Frequency: SEMI ANNUAL FEIN: 77-0006393									
PRODUCER 026099A 100	OTHER WORKPLACES NOT SHOWN ABOVE: See WC-00-99-05 - ADDITIONAL LOCATION ENDORSEMENT KBK INSURANCE AGENCY P O BOX 310 WATSONVILLE, CA 95077-0310										
ITEM 2	The Policy Period is from: 01/13/11 to: 01/13/12 12:01 A.M. standard time at the insured's mailing address										
ITEM 3	<p>A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: CALIFORNIA</p> <p>B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3 A The limits of our liability under Part Two are:</p> <table align="center" style="margin-left: auto; margin-right: auto;"> <tr> <td>Bodily Injury By Accident</td> <td>\$ 1,000,000</td> <td>Each Accident</td> </tr> <tr> <td>Bodily Injury By Disease</td> <td>\$ 1,000,000</td> <td>Each Employee</td> </tr> <tr> <td>Bodily Injury By Disease</td> <td>\$ 1,000,000</td> <td>Policy Limit</td> </tr> </table> <p>C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: All states except states listed in item 3.A and NORTH DAKOTA, OHIO, WASHINGTON, WYOMING</p> <p>D. See attached list for endorsements and schedules.</p>		Bodily Injury By Accident	\$ 1,000,000	Each Accident	Bodily Injury By Disease	\$ 1,000,000	Each Employee	Bodily Injury By Disease	\$ 1,000,000	Policy Limit
Bodily Injury By Accident	\$ 1,000,000	Each Accident									
Bodily Injury By Disease	\$ 1,000,000	Each Employee									
Bodily Injury By Disease	\$ 1,000,000	Policy Limit									
ITEM 4	<p>The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.</p> <p>See endorsement WC-99-00-01: RATING SCHEDULE</p> <table align="center" style="margin-left: auto; margin-right: auto;"> <tr> <td>Total Estimated Annual Premium</td> <td>\$</td> <td>841</td> </tr> <tr> <td>Minimum Premium</td> <td>\$</td> <td>500</td> </tr> <tr> <td>Deposit Premium</td> <td>\$</td> <td>442</td> </tr> </table>		Total Estimated Annual Premium	\$	841	Minimum Premium	\$	500	Deposit Premium	\$	442
Total Estimated Annual Premium	\$	841									
Minimum Premium	\$	500									
Deposit Premium	\$	442									

Countersigned At: Los Angeles 002, CA On: 12/10/10 By:

WC-00-00-01A
(Ed 07-00)

AGENT COPY


Authorized Representative