

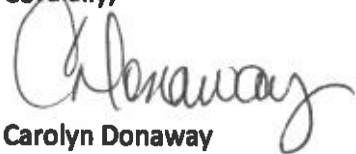
**The Glen of Pacific Grove Homeowners Association  
24571 Silver Cloud Court  
Suite 101  
Monterey, CA 93940  
(831) 647-2442**

**May 4, 2018**

**Dear The Glen of Pacific Grove Homeowner:**

**I have enclosed the renewal Certificate of Liability Insurance, Certificate of Property Insurance and a Disclosure Summary Form for your records. You will need to provide this information to your mortgage lender. If you have questions, please contact at [cdonaway@regencymg.com](mailto:cdonaway@regencymg.com).**

**Cordially,**



**Carolyn Donaway  
General Manager**



GLENG-2

OP ID: JJ

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/03/2018

**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.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> Socher Insurance Agency, Inc. 1350 Old Bayshore Highway Suite 830 Burlingame, CA 94010	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> <span style="float:right"><b>FAX (A/C, No):</b></span> <b>E-MAIL ADDRESS:</b>  <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><b>INSURER A: Travelers Indemnity Co of CT</b></td> <td></td> </tr> <tr> <td><b>INSURER B: Continental Casualty Co.</b></td> <td></td> </tr> <tr> <td><b>INSURER C: National Surety Corporation</b></td> <td></td> </tr> <tr> <td><b>INSURER D: Wesco Insurance Company</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A: Travelers Indemnity Co of CT</b>		<b>INSURER B: Continental Casualty Co.</b>		<b>INSURER C: National Surety Corporation</b>		<b>INSURER D: Wesco Insurance Company</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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<b>INSURED</b> The Glen of Pacific Grove Homeowners' Association, Inc. Regency Management Group Inc 24571 Silver Cloud Court #101 Monterey, CA 93940															

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

**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	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																					
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		680 - 009K1105	05/05/2018	05/05/2019	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$</td><td>1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$</td><td>300,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$</td><td>5,000</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td>\$</td><td>1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$</td><td>2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$</td><td>2,000,000</td></tr> <tr><td></td><td>\$</td><td></td></tr> </table>	EACH OCCURRENCE	\$	1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	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		\$	
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A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		680 - 009K1105	05/05/2018	05/05/2019	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td><td>Included</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td><td></td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td><td></td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td><td></td></tr> <tr><td></td><td>\$</td><td></td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$	Included	BODILY INJURY (Per person)	\$		BODILY INJURY (Per accident)	\$		PROPERTY DAMAGE (Per accident)	\$			\$							
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D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below		WWC3349985	05/05/2018	05/05/2019	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td>PER STATUTE</td> <td><input checked="" type="checkbox"/> OTH-ER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td>\$</td><td></td><td>1,000,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td><td></td><td>1,000,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td><td></td><td>1,000,000</td></tr> </table>		PER STATUTE	<input checked="" type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT	\$		1,000,000	E.L. DISEASE - EA EMPLOYEE	\$		1,000,000	E.L. DISEASE - POLICY LIMIT	\$		1,000,000					
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B	<b>Directors &amp; Officers Liability</b>		618793594	05/05/2018	05/05/2019	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Limit</td><td></td><td>1,000,000</td></tr> <tr><td>Ded</td><td></td><td>1,000</td></tr> </table>	Limit		1,000,000	Ded		1,000															
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**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
Please see Certificate of Property, Acord 24, for building values.

<b>CERTIFICATE HOLDER</b>  <p style="text-align: center;"><b>FORINFO</b></p> <p style="text-align: center;">For Informational Purposes</p>	<b>CANCELLATION</b>  <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <hr/> <p>AUTHORIZED REPRESENTATIVE</p>
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**SOCHER**

Corporate Headquarters  
1350 Old Bayshore Hwy., Suite 630  
Burlingame, CA 94010

East Bay Office  
7901 Stoneridge Dr., Suite 445  
Pleasanton, CA 94588

Socher Insurance Agency, Inc.  
Toll-Free: 877.317.9300  
Fax: 877.317.9305  
[www.hoainsurance.net](http://www.hoainsurance.net)  
CA Broker License: #0C97535

May 3, 2018

**The Glen of Pacific Grove Homeowners' Association, Inc.**  
Civil Code 5300(b)(9) Disclosure Summary Form

Property: Travelers Indemnity Company of Connecticut: 05/05/2018 – 05/05/2019  
\$20,381,067 Blanketed, Special Form, Replacement Cost Basis with no co-insurance and a \$5,000 Deductible per Occurrence. Equipment Breakdown coverage is included.

General Liability: Travelers Indemnity Company of Connecticut: 05/05/2018 – 05/05/2019  
\$1,000,000 per Occurrence/\$2,000,000 General Aggregate with a \$0 Deductible. Non-owned and Hired Automobile Liability is included in this Policy.

Umbrella Liability: National Surety Corporation: 05/05/2018 – 05/05/2019  
\$15,000,000 Each Occurrence/\$15,000,000 General Aggregate with a \$0 Self Insured Retention Each Occurrence. This coverage is in excess of the General Liability, Non-owned and Hired Automobile Liability, Directors' & Officers Liability and Workers' Compensation.

Directors' and Officers Liability: Continental Casualty Company: 05/05/2018 – 05/05/2019  
\$1,000,000 per Occurrence and Annual Aggregate with a \$1,000 Retention per Occurrence.

Employee Dishonesty: Continental Casualty Company: 05/05/2018 – 05/05/2019  
\$500,000 per Occurrence with a \$2,500 Deductible. Coverage is provided for both Board of Directors and employees the Association has or might have during the Policy year.

Workers' Compensation: Wesco Insurance Company: 05/05/2018 – 05/05/2019  
\$1,000,000 Coverage statutory limits as required by California law.

Earthquake Insurance: No coverage through our agency.

Flood: No coverage through our agency.

**This summary of the Association's policies of insurance provides only certain information, as required by subdivision (b) of Section 5300 of the Civil Code, and should not be considered a substitute for the complete policy terms and conditions contained in the actual policies of insurance. Any Association Member may, upon request and provision of reasonable notice, review the Association's Insurance Policies and, upon request and payment of reasonable duplication charges, obtain copies of those policies. Although the Association maintains the Policies of Insurance specified in this summary, the Association's Policies of Insurance may not cover your property, including personal property or real property improvements to or around your dwelling, or personal injuries or other losses that occur within or around your dwelling. Even if a loss is covered, you may nevertheless be responsible for paying all or a portion of any Deductible that applies. Association Members should consult with their individual Insurance Broker or Agent for appropriate additional coverage.**

**\*\*For lender and/or unit specific Evidence of Insurance please call EOI Direct at 877-456-3643. For general proof of insurance please contact Socher Insurance at 877-317-9300\*\***