

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

May 5, 2021

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 me at the Regency office by phone: (831) 647-2442 or email at lcunningham@regencymg.com.

Cordially,



Liane Cunningham
Community Association Manager
Regency Management Group

5/4/2021

THE GLEN OF PACIFIC GROVE HOMEOWNERS' ASSOCIATION, INC.
Civil Code 5300(b)(9) Disclosure Summary Form

Property: American Alternative Insurance Corporation: 5/5/2021 - 5/5/2022
\$20,050,000 Special Form, Guaranteed Replacement Cost with No Coinsurance and a \$5,000 Deductible per Occurrence.

General Liability: American Alternative Insurance Corporation: 5/5/2021 - 5/5/2022
\$1,000,000/\$0 per Occurrence/General Aggregate with a \$0 Deductible. \$1,000,000 Non-Owned and Hired Automobile Liability is included in this policy.

Umbrella Liability: Fireman's Fund Insurance Company: 5/5/2021 - 5/5/2022
\$15,000,000 Each Occurrence/General Aggregate with a \$0 self insured retention each occurrence.

Directors' and Officers' Liability: Continental Casualty Company: 5/5/2021 - 5/5/2022
\$1,000,000 per Occurrence/General Aggregate with a \$1,000 Retention per Occurrence.

Employee Dishonesty: Continental Casualty Company: 5/5/2021 - 5/5/2022
\$600,000 per Occurrence with a \$2,500 Deductible.

Workers' Compensation: PMA Insurance Company: 5/5/2021 - 5/5/2022
\$1,000,000 Coverage statutory limits as required by California law.

Equipment Breakdown Coverage: No Coverage through our Agency.

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*****



CERTIFICATE OF PROPERTY INSURANCE

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DATE (MM/DD/YYYY)
05/04/2021

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: GLENOFP-01 | | |
| INSURED The Glen of Pacific Grove Homeowners' Association, Inc. Regency Management Group Inc 24571 Silver Cloud Court #101 Monterey, CA 93940 | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A : American Alternative Insurance Corporation | | |
| | INSURER B : Continental Casualty Company | | |
| | INSURER C : | | |
| | INSURER D : | | |
| | INSURER E : | | |


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.
 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="" type="checkbox"/> | PROPERTY | TBD 1 | 05/05/2021 | 05/05/2022 | <input checked="" type="checkbox"/> | BUILDING | \$ 20,050,000 | | |
| | | CAUSES OF LOSS | | | | | DEDUCTIBLES | PERSONAL PROPERTY | \$ | |
| | | BASIC | | | | BUILDING | 5,000 | BUSINESS INCOME | \$ | |
| | | BROAD | | | | CONTENTS | | EXTRA EXPENSE | \$ | |
| | <input checked="" type="checkbox"/> | SPECIAL | | | | | | RENTAL VALUE | \$ | |
| | | EARTHQUAKE | | | | | | BLANKET BUILDING | \$ | |
| | | WIND | | | | | | BLANKET PERS PROP | \$ | |
| | | FLOOD | | | | | | BLANKET BLDG & PP | \$ | |
| | <input checked="" type="checkbox"/> | Ord Cov A - Inc | | | | | | <input checked="" type="checkbox"/> | Ord Cov B | \$ 1,021,000 |
| | | | | | | | | <input checked="" type="checkbox"/> | Ord Cov C | \$ 2,043,000 |
| | <input type="checkbox"/> | INLAND MARINE | TYPE OF POLICY | | | | \$ | | | |
| | <input type="checkbox"/> | CAUSES OF LOSS | | | | | \$ | | | |
| | <input type="checkbox"/> | NAMED PERILS | POLICY NUMBER | | | | \$ | | | |
| B | <input checked="" type="checkbox"/> | CRIME | | | | <input checked="" type="checkbox"/> | Limit | \$ 600,000 | | |
| | | TYPE OF POLICY | | | | <input checked="" type="checkbox"/> | Deductible | \$ 1,000 | | |
| | | Fidelity Bond | 0598954288 | 05/05/2021 | 05/05/2022 | | | \$ | | |
| | <input type="checkbox"/> | BOILER & MACHINERY / EQUIPMENT BREAKDOWN | | | | | | \$ | | |
| | | | | | | | | \$ | | |
| | | | | | | | | \$ | | |

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. 60 Units. Policy is Walls in excluding Betterments & Improvements. Severability of Interest included on Package Policy.

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| CERTIFICATE HOLDER For Info Only | CANCELLATION 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  |

