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

April 26, 2022

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



4/25/2022

The Glen of Pacific Grove Homeowners' Association, Inc.

Civil Code 5300(b)(9) Disclosure Summary Form

Property: American Alternative Ins. Corp.: 5/5/2022 - 5/5/2023

\$21,525,000 GRC Special Form, Guaranteed Replacement Cost, with No Coinsurance, and a \$5,000 Deductible per Occurrence.

General Liability: American Alternative Ins. Corp.: 5/5/2022 - 5/5/2023

\$1,000,000 / \$0 aggregate 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 Co.: 5/5/2022 - 5/5/2023

\$15,000,000 Each Occurrence/General Aggregate with a \$0 self insured retention each occurrence.

Directors' and Officers' Liability: Continental Casualty Company: 5/5/2022 - 5/5/2023

\$1,000,000 per Occurrence/General Aggregate with a \$1,000 Retention per Occurrence.

Employee Dishonesty: Continental Casualty Company: 5/5/2022 - 5/5/2023

\$650,000 per Occurrence with a \$2,500 Deductible.

Workers' Compensation: PMA Insurance Company: 5/5/2022 - 5/5/2023

\$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

DATE (MM/DD/YYYY) 04/25/2022

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 THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED BELOW. REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

PRODUCER	CONTACT NAME:					
Socher Insurance Agency, Inc.	PHONE (A/C, No, Ext): (877) 317-9300 FAX (A/C, No): (877) 3	17-9305				
7901 Stoneridge Drive, Suite 403 Pleasanton, CA 94588	E-MAIL ADDRESS: info@hoainsurance.net					
reasanton, CA 94900	PRODUCER CUSTOMER ID: GLENOFP-01					
	INSURER(S) AFFORDING COVERAGE					
INSURED	INSURER A : American Alternative Insurance Corporation					
The Glen of Pacific Grove Homeowners' Association, Inc.	INSURER B : Continental Casualty Company					
Regency Management Group Inc	INSURER C:					
24571 Silver Cloud Court #101	INSURER D:					
Monterey, CA 93940	INSURER E :					
	INSURER F:					
COVERACES CERTIFICATE NUMBER	REVISION NUMBER:					

COVERAGES

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.

SR R	TYPE OF INSURANCE			POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY	LIMITS	
\rightarrow	Х	PROPERTY					Х	BUILDING	\$	21,252,000
1	CAUSES OF LOSS DEDUCTIBLES		DEDUCTIBLES	CAU521007-2	05/05/2022	05/05/2023	X	PERSONAL PROPERTY BUSINESS INCOME	\$	15,000
İ			BUILDING 5,000						\$	
ı		BROAD						EXTRA EXPENSE RENTAL VALUE BLANKET BUILDING BLANKET PERS PROP	\$	
t	Х	SPECIAL	CONTENTS						\$	
t		EARTHQUAKE							\$	
Ì		WIND							\$	
Ì		FLOOD						BLANKET BLDG & PP	\$	
Ì	X Ord Cov A- Incl					X	Ord Cov B	\$	1,072,000	
ŀ							X	Ord Cov C	\$	2,144,000
7		INLAND MARINE		TYPE OF POLICY					\$	
t	CAUSES OF LOSS								\$	
Ì				POLICY NUMBER					\$	
ŀ									\$	
	Х	CRIME					X	Limit:	\$	650,000
-	_	E OF POLICY					X	Deductible:	\$	2,500
- 1	Fidelity Bond			0598954288	05/05/2022	05/05/2023			\$	
7		BOILER & MACH							\$	
Ì	EQUIPMENT BREAKDOWN		EAKDOWN						\$	
7									\$	
									\$	

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.

CERTIFICATE HOLDER	CANCELLATION				
For Info Only	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				
	Selle				

ACORD 24 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/26/2022

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 DEPORTS OF THE CERTIFICATE HOLDER.

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

lf tl	SUBROGATION IS WAIVED, subject this certificate does not confer rights to	t to	the cert	terms and conditions of ificate holder in lieu of su	ıch end	orsement(s)	policies may	require an endorse	ement. A	statement on
PRODUCER					CONTACT NAME: PHONE (A/C, No, Ext): (877) 317-9300 FAX (A/C, No): (877) 317-9305					
Socher Insurance Agency, Inc.										
790 Ple:	1 Stoneridge Drive, Suite 403 asanton, CA 94588				E-MAIL	s info@ho	ainsurance	e.net		
100								RDING COVERAGE		NAIC#
					INSURER A: American Alternative Insurance Corporation					1
INSURED The Glen of Pacific Grove Homeowners' Association, Inc.					INSURER B : Firemans' Fund Insurance Company					
					INSURER C: PMA Insurance Group					
	Regency Management Group		·	INSURER D: Continental Casualty Company						
	24571 Silver Cloud Court #10									
	Monterey, CA 93940			INSURER E: INSURER F:						
				TAULINED.	INSURE	KF:		DEVICION NUMBE	D.	-1
CO				E NUMBER:			TO THE INCHE	REVISION NUMBE		OLICY DEDICE
- IN	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY	=OUI	RFMI	ENT TERM OR CONDITIO	N OF A	NY CONTRAC	CT OR OTHER	OCCUMENT WITH R	ESPECII	O WHICH THIS
E	XCLUSIONS AND CONDITIONS OF SUCH F	POLI	CIES.	LIMITS SHOWN MAY HAVE	BEEN	EDUCED BY I	PAID CLAIMS.			
INSR LTR	TYPE OF INCURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MWDD/YYYY)		LIMITS	
A	X COMMERCIAL GENERAL LIABILITY		-					EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			CAU521007-2		5/5/2022	5/5/2023	DAMAGE TO RENTED PREMISES (Ea occurrence	ce) \$	300,000
								MED EXP (Any one perso		5,000
								PERSONAL & ADV INJUR	RY \$	1,000,000
	OSUN ADDRESSATE LIMIT ADDLIES DED.							GENERAL AGGREGATE		
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							PRODUCTS - COMP/OP	5666	1,000,000
							i i	PRODUCTO-COMIT 701	\$	
Α	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMI (Ea accident)		1,000,000
	ANY AUTO			CAU521007-2		5/5/2022	5/5/2023	BODILY INJURY (Per per	rson) \$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per acc	ident) \$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	5	
	AUTOS ONLY AUTOS ONLY								\$	
В	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	s	15,000,000
	EXCESS LIAB CLAIMS-MADE			SUO00032271991-29463		5/5/2022	5/5/2023	AGGREGATE	\$	15,000,000
								ACCRECATE	s	
С						5/5/2023	X PER STATUTE E	TH-		
•	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			2020011162353Y			5/5/2022	E.L. EACH ACCIDENT	\$	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	4 1							1,000,000
	If yes, describe under							E.L. DISEASE - EA EMPL	3834004	1,000,000
D	DESCRIPTION OF OPERATIONS below Directors & Officers		618793594		5/5/2022	5/5/2023	E.L. DISEASE - POLICY I Deductible: \$1,000		1,000,000	
U	Directors & Officers			1010000		0.0.0.	0.0.0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
DES Plea	cription of operations / Locations / Vehicles esee Certificate of Property, Acord 24	ES (/ , for	ACORI build	o 101, Additional Remarks Schedu ling values.	ule, may b	e attached if mor	e space is requii	red)		
CE	RTIFICATE HOLDER				CANC	ELLATION				
For Info Only				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						