

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

April 24, 2023

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

Liane Cunningham
Community Association Manager
Regency Management Group



CERTIFICATE OF LIABILITY INSURANCE

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).

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

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CAU521007-3	5/5/2023	5/5/2024	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <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			CAU521007-3	5/5/2023	5/5/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			TBD_UMB	5/5/2023	5/5/2024	EACH OCCURRENCE	\$ 15,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 0						AGGREGATE	\$ 15,000,000
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			2020011162353Y	5/5/2023	5/5/2024	<input checked="" type="checkbox"/> PER STATUTE <input 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
D	Directors & Officers			618793594	5/5/2023	5/5/2024	Deductible \$1,000	1,000,000

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.

CERTIFICATE HOLDER <div style="border: 1px solid black; padding: 10px; text-align: center;"> For Info Only </div>	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
---	--



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
04/21/2023

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. 7901 Stoneridge Drive, Suite 403 Pleasanton, CA 94588	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:	GLENOPF-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 :		
	INSURER F :		

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	CAU521007-3	05/05/2023	05/05/2024	<input checked="" type="checkbox"/> BUILDING	\$ 23,125,000		
	CAUSES OF LOSS				DEDUCTIBLES	<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ 15,000	
	BASIC				BUILDING		BUSINESS INCOME	\$
					5,000		EXTRA EXPENSE	\$
	BROAD				CONTENTS		RENTAL VALUE	\$
	<input checked="" type="checkbox"/> SPECIAL						BLANKET BUILDING	\$
	EARTHQUAKE						BLANKET PERS PROP	\$
	WIND						BLANKET BLDG & PP	\$
	FLOOD						<input checked="" type="checkbox"/> Ord Cov B	\$ 1,072,000
	<input checked="" type="checkbox"/> Ord Cov A- Incl						<input checked="" type="checkbox"/> Ord Cov C	\$ 2,144,000
<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$			
CAUSES OF LOSS					\$			
<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$			
					\$			
B	<input checked="" type="checkbox"/> CRIME				<input checked="" type="checkbox"/> Deductible \$2,500	\$ 675,000		
	TYPE OF POLICY					\$		
	Fidelity Bond	0598954288	05/05/2023	05/05/2024		\$		
	<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.

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 <i>Kayla</i>

4/21/2023

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

Property: American Alternative Insurance Corporation: 5/5/2023 - 5/5/2024
\$23,125,000 Special Form, Guaranteed Replacement Cost with No Coinsurance and a \$5,000 Deductible per Occurrence.

General Liability: American Alternative Insurance Corporation: 5/5/2023 - 5/5/2024
\$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: Greenwich Insurance Company: 5/5/2023 - 5/5/2024
\$15,000,000 Each Occurrence/General Aggregate with a \$0 self insured retention each occurrence.

Directors' and Officers' Liability: Continental Casualty Company: 5/5/2023 - 5/5/2024
\$1,000,000 per Occurrence/General Aggregate with a \$1,000 Retention per Occurrence.

Employee Dishonesty: Continental Casualty Company: 5/5/2023 - 5/5/2024
\$675,000 per Occurrence with a \$2,500 Deductible.

Workers' Compensation: PMA Insurance Company: 5/5/2023 - 5/5/2024
\$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*****