



**STATE FARM GENERAL INSURANCE COMPANY**  
 A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

Po Box 853925  
 Richardson, TX 75085-3925

**Named Insured**

AT2 000896 3125 M-12-8970-FAC7 F V  
**PACIFIC BLUFFS CORPORATION II**  
 5326 MOUNT ALIFAN DR  
 SAN DIEGO CA 92111-2623



**RENEWAL DECLARATIONS**

<b>Policy Number</b>	90 [REDACTED]	
<b>Policy Period</b>	<b>Effective Date</b>	<b>Expiration Date</b>
12 Months	AUG 18 2020	AUG 18 2021
The policy period begins and ends at 12:01 am standard time at the premises location.		

**Agent and Mailing Address**

PAUL VARELIA  
 3661 AVOCADO BLVD  
 LA MESA CA 91941-7337

PHONE: (619) 670-8686

**JUN 15 2020**

**Residential Community Association Policy**

**Automatic Renewal** - If the **policy period** is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Entity: HOMEOWNERS ASSOCIATION

NOTICE: Information concerning changes in your policy language is included. Please call your agent if you have any questions.

POLICY PREMIUM \$ [REDACTED]

Discounts Applied:  
 Renewal Year  
 Multiple Unit  
 Claim Record

Prepared  
 JUN 05 2020  
 CMP-4000

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0108ST-0001

RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for PACIFIC BLUFFS CORPORATION II  
Policy Number [REDACTED]

**SECTION I - PROPERTY BLANKET**

Coverage A - Buildings  
Coverage B - Business Personal Property

Limit of Insurance\*  
\$ 20,192,000  
\$ 22,600

Location Number	Location of Described Premises
001	5235 MT ALIFAN DR SAN DIEGO CA 92111-2620
002	MOUNT ALIFAN DR & GENESEE AVE SAN DIEGO CA 92111
003	MOUNT ALIFAN DR & GENESEE AVE SAN DIEGO CA 92111
004	MOUNT ALIFAN DR & GENESEE AVE SAN DIEGO CA 92111
005	MOUNT ALIFAN DR & GENESEE AVE SAN DIEGO CA 92111
006	MOUNT ALIFAN DR & GENESEE AVE SAN DIEGO CA 92111
007	MOUNT ALIFAN DR & GENESEE AVE SAN DIEGO CA 92111
008	MOUNT ALIFAN DR & GENESEE AVE SAN DIEGO CA 92111

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for PACIFIC BLUFFS CORPORATION II  
Policy Number [REDACTED]



0208-ST--0001

Location Number	Location of Described Premises
009	MOUNT ALIFAN DR & GENESEE AVE SAN DIEGO CA 92111
010	MOUNT ALIFAN DR & GENESEE AVE SAN DIEGO CA 92111
011	MOUNT ALIFAN DR & GENESEE AVE SAN DIEGO CA 92111

AUXILIARY STRUCTURES

Location Number	Description
001A	Garage or Carport
001B	Fence, walls, etc.
001C	Driveway, sidewalk, etc.
001D	Driveway, sidewalk, etc.

\* As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage.

SECTION I - INFLATION COVERAGE INDEX(ES)

Inflation Coverage Index: 211.9

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## RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for PACIFIC BLUFFS CORPORATION II  
 Policy Number [REDACTED]

**SECTION I - DEDUCTIBLES**

Basic Deductible \$10,000

**Special Deductibles:**

Money and Securities	\$250	Employee Dishonesty	\$250
Equipment Breakdown	\$2,500		

Other deductibles may apply - refer to policy.

**SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH DESCRIBED PREMISES**

The coverages and corresponding limits shown below apply separately to each described premises shown in these Declarations, unless indicated by "See Schedule." If a coverage does not have a corresponding limit shown below, but has "Included" indicated, please refer to that policy provision for an explanation of that coverage.

COVERAGE	LIMIT OF INSURANCE
Collapse	Included
Damage To Non-Owned Buildings From Theft, Burglary Or Robbery	Coverage B Limit
Debris Removal	25% of covered loss
Equipment Breakdown	Included
Fire Department Service Charge	\$5,000
Fire Extinguisher Systems Recharge Expense	\$5,000
Glass Expenses	Included
Increased Cost Of Construction And Demolition Costs (applies only when buildings are insured on a replacement cost basis)	10%
Newly Acquired Business Personal Property (applies only if this policy provides Coverage B - Business Personal Property)	\$100,000
Newly Acquired Or Constructed Buildings (applies only if this policy provides Coverage A - Buildings)	\$250,000

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for PACIFIC BLUFFS CORPORATION II  
Policy Number [REDACTED]

Ordinance Or Law - Equipment Coverage	Included
Preservation Of Property	30 Days



0308 ST-0001

**SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH COMPLEX**

The coverages and corresponding limits shown below apply separately to each complex as described in the policy.

COVERAGE	LIMIT OF INSURANCE
Accounts Receivable	
On Premises	\$50,000
Off Premises	\$15,000
Arson Reward	\$5,000
Forgery Or Alteration	\$10,000
Money And Securities (Off Premises)	\$5,000
Money And Securities (On Premises)	\$10,000
Money Orders And Counterfeit Money	\$1,000
Outdoor Property	\$5,000
Personal Effects (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Personal Property Off Premises	\$15,000
Pollutant Clean Up And Removal	\$10,000
Property Of Others (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Signs	\$2,500
Valuable Papers And Records	
On Premises	\$10,000
Off Premises	\$5,000

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## RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for PACIFIC BLUFFS CORPORATION II  
 Policy Number [REDACTED]

**SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - PER POLICY**


The coverages and corresponding limits shown below are the most we will pay regardless of the number of described premises shown in these Declarations.

COVERAGE	LIMIT OF INSURANCE
Back-Up of Sewer or Drain	Included
Employee Dishonesty	\$25,000
Loss Of Income And Extra Expense	Actual Loss Sustained - 12 Months

**SECTION II - LIABILITY**

COVERAGE	LIMIT OF INSURANCE
Coverage L - Business Liability	\$5,000,000
Coverage M - Medical Expenses (Any One Person)	\$5,000
Damage To Premises Rented To You	\$300,000
Directors And Officers Liability	\$5,000,000
AGGREGATE LIMITS	LIMIT OF INSURANCE
Products/Completed Operations Aggregate	\$10,000,000
General Aggregate	\$10,000,000
Directors and Officers Aggregate	\$5,000,000

Each paid claim for Liability Coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II - Liability in the Coverage Form and any attached endorsements.

**RENEWAL DECLARATIONS (CONTINUED)****Residential Community Association Policy for PACIFIC BLUFFS CORPORATION II**  
Policy Number [REDACTED] Your policy consists of these Declarations, the BUSINESSOWNERS COVERAGE FORM shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.**FORMS AND ENDORSEMENTS**

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CMP-4101	Businessowners Coverage Form
CMP-4260.1	*Amendatory Endorsement-CA
FE-6999.2	*Terrorism Insurance Cov Notice
CMP-4814	Directors & Officers Liability
CMP-4828	Extra Replacement Cost
CMP-4696	Residential Community Assoc
CMP-4746.1	Hired Auto Liability
CMP-4710	Employee Dishonesty
CMP-4508	Money and Securities
CMP-4705.2	Loss of Income & Extra Expense
CMP-4860.1	AI Design Person Org
CMP-4261	Amendatory Endorsement
FD-6007	Inland Marine Attach Dec
	* New Form Attached

**SCHEDULE OF ADDITIONAL INTERESTS**

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**Interest Type:** Addl Insured-Section II  
**Endorsement #:** [REDACTED]  
**Loan Number:** N/A

PREMIER COMMUNITY SERVICES LLC  
 325 CARLSBAD VILLAGE DR STE D1  
 CARLSBAD CA 920082928

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## RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for PACIFIC BLUFFS CORPORATION II  
 Policy Number [REDACTED]

This policy is issued by the State Farm General Insurance Company.

## Participating Policy

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm General Insurance Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.

*Lynne M. Yauell*  
 Secretary

*Thomas Conley*  
 President

**IMPORTANT NOTICE:**

California law requires us to provide you with information for filing complaints with the State Insurance Department regarding the coverage and service provided under this policy.

Your agent's name and contact information are provided on the front of this document. Another option is to reach out by mail or phone directly to:

State Farm<sup>®</sup> Executive Customer Service  
 PO Box 2320  
 Bloomington IL 61702  
 Phone # 1-800-STATEFARM (1-800-782-8332)

Department of Insurance complaints should be filed only after you and State Farm or your agent or other company representative have failed to reach a satisfactory agreement on a problem.

California Department of Insurance  
 Consumer Services Division  
 300 South Spring Street  
 Los Angeles, CA 90013  
 Phone # 1-800-927-HELP (4357) or visit [www.insurance.ca.gov/01-consumers](http://www.insurance.ca.gov/01-consumers)

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## RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for PACIFIC BLUFFS CORPORATION II  
 Policy Number [REDACTED]

**NOTICE TO POLICYHOLDER:**

For a comprehensive description of coverages and forms, please refer to your policy.

Policy changes requested before the "Date Prepared", which appear on this notice, are effective on the Renewal Date of this policy unless otherwise indicated by a separate endorsement, binder, or amended declarations. Any coverage forms attached to this notice are also effective on the Renewal Date of this policy.

Policy changes requested after the "Date Prepared" will be sent to you as an amended declarations or as an endorsement to your policy. Billing for any additional premium for such changes will be mailed at a later date.

If, during the past year, you've acquired any valuable property items, made any improvements to insured property, or have any questions about your insurance coverage, contact your State Farm agent.

Please keep this with your policy.

**Your coverage amount....**

It is up to you to choose the coverage and limits that meet your needs. We recommend that you purchase a coverage limit equal to the estimated replacement cost of your structure. Replacement cost estimates are available from building contractors and replacement cost appraisers, or, your agent can provide an estimate from Xactware, Inc.<sup>®</sup> using information you provide about your structure. We can accept the type of estimate you choose as long as it provides a reasonable level of detail about your structure. State Farm<sup>®</sup> does not guarantee that any estimate will be the actual future cost to rebuild your structure. Higher limits are available at higher premiums. Lower limits are also available, as long as the amount of coverage meets our underwriting requirements. We encourage you to periodically review your coverages and limits with your agent and to notify us of any changes or additions to your structure.

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STATE FARM GENERAL INSURANCE COMPANY  
A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

Po Box 853925  
Richardson, TX 75085-3925

**Named Insured**

[REDACTED]

PACIFIC BLUFFS CORPORATION II  
5326 MOUNT ALIFAN DR  
SAN DIEGO CA 92111-2623

**INLAND MARINE ATTACHING DECLARATIONS**

<b>Policy Number</b>	90-[REDACTED]	
<b>Policy Period</b>	<b>Effective Date</b>	<b>Expiration Date</b>
12 Months	AUG 18 2020	AUG 18 2021
The policy period begins and ends at 12:01 am standard time at the premises location.		



0608-ST--0001

**ATTACHING INLAND MARINE**

**Automatic Renewal** - If the **policy period** is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

**Annual Policy Premium**                      Included

The above Premium Amount is included in the Policy Premium shown on the Declarations.

Your policy consists of these Declarations, the INLAND MARINE CONDITIONS shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

**Forms, Options, and Endorsements**



Inland Marine Conditions  
Amendatory Endorsement  
Inland Marine Computer Prop

See Reverse for Schedule Page with Limits

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JUN 05 2020  
FD-6007

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**ATTACHING INLAND MARINE SCHEDULE PAGE**

**ATTACHING INLAND MARINE**

ENDORSEMENT NUMBER	COVERAGE	LIMIT OF INSURANCE	DEDUCTIBLE AMOUNT	ANNUAL PREMIUM
[REDACTED]	Inland Marine Computer Prop Loss of Income and Extra Expense	\$ 10,000 \$ 10,000	\$ 500	Included Included

OTHER LIMITS AND EXCLUSIONS MAY APPLY - REFER TO YOUR POLICY

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JUN 05 2020  
FD-6007

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# IMPORTANT NOTICE

Effective with this policy term, [REDACTED] **AMENDATORY ENDORSEMENT (California)** replaces [REDACTED] **AMENDATORY ENDORSEMENT (California)**.

This notice summarizes the changes being made to your policy. Please read the new endorsement carefully and note the following changes:

**SECTION II – DEFINITIONS: Paragraph 18. Personal and Advertising Injury:**

- Infringement of another's patent, trademark, or trade secret is no longer within the definition of personal and advertising injury.

**SECTION II – EXCLUSIONS: Paragraph 17. Personal and Advertising Injury:**

- Damages from infringement of another's patent, trademark, or trade secret continue to be specifically excluded under this policy.

Endorsement [REDACTED] **1** follows this notice. Please read it thoroughly and place it with your policy. If you have any questions about the information in this notice, please contact your State Farm® agent.

This notice is a general description of coverage and/or coverage changes and is not a statement of contract. This message does not change, modify, or invalidate any of the provisions, terms, or conditions of your policy, or any other applicable endorsements.

## **AMENDATORY ENDORSEMENT (California)**

This endorsement modifies insurance provided under the following:

### **BUSINESSOWNERS COVERAGE FORM**

**1. SECTION I — EXCLUSIONS** is amended as follows:

- a. Paragraph **2.f. Dishonesty** is replaced by the following:

**f. Dishonesty**

- (1) Dishonest or criminal acts by you, anyone else with an interest in the property, or any of your or their partners, "members", officers, "managers", employees, directors, trustees, or authorized representatives, whether acting alone or in collusion with each other or with any other party; or
- (2) Theft by any person to whom you entrust the property for any purpose, whether acting alone or in collusion with any other party.

This exclusion applies whether or not an act occurs during your normal hours of operation.

This exclusion does not apply to acts of destruction by your employees; but theft by your employees is not covered.

With respect to accounts receivable and "valuable papers and records", this exclusion does not apply to carriers for hire.

- b. Under Paragraph **i. Fungi, Virus Or Bacteria**, the reference to **23. Fungi, Wet Or Dry Rot** is changed to **24. Fungi, Wet Or Dry Rot**.

**2. Paragraph 24. d. under Fungi, Wet Or Dry Rot And Bacteria of SECTION I — EXTENSIONS OF COVERAGE** does not apply.

**3. SECTION II — LIABILITY** is amended as follows:

- a. When used in this policy, the words "his or her" are replaced with "that person's".

- b. **Section II – Exclusions** is amended as follows:

**(1) Paragraphs 17.b. and 17.c. under Personal And Advertising Injury** are replaced by the following:

- b. Arising out of oral or written publication of material, in any manner, if done by or at the direction of the insured with knowledge of its falsity;

0706-ST--0001

- c. Arising out of oral or written publication of material, in any manner, whose first publication took place before the beginning of the policy period;
- c. Under **SECTION II — MEDICAL EXPENSES**, Paragraph **1.d.(2)** under **Coverage M – Medical Expenses** is replaced by the following:
- (2) Executes authorization to allow us to obtain copies of medical bills, medical records, and any other information we deem necessary to substantiate the claim.

Such authorizations must not:

- (a) Restrict us from performing our business functions in:
- i. Obtaining records, bills, information, and data; or
  - ii. Using or retaining records, bills, information, and data collected or received by us;
- (b) Require us to violate federal or state laws or regulations;
- (c) Prevent us from fulfilling our data reporting and data retention obligations to insurance regulators; or
- (d) Prevent us from disclosing claim information and data:
- i. To enable performance of our business functions;
  - ii. To meet our reporting obligations to insurance regulators;
  - iii. To meet our reporting obligations to insurance data consolidators; and
  - iv. As otherwise permitted by law.

If the holder of the information refuses to provide it to us despite the authorization, then at our request the person making claim or his or her legal representative must obtain the information and promptly provide it to us; and

- d. **SECTION II — DEFINITIONS** is amended as follows:

(1) Paragraphs **18.f.** and **18.g.** are replaced by the following:

- f. The use of another's advertising idea in your "advertisement"; or
- g. Infringing upon another's copyright, trade dress or slogan in your "advertisement".

(2) Paragraph **18.h.** is deleted.

4. The following are added to **SECTION I AND SECTION II — COMMON POLICY CONDITIONS**:

#### Our Rights Regarding Claim Information

- a. We will collect, receive, obtain, use, and retain all the items described in Paragraph **b.(1)** below and use and retain the information described in Paragraph **b.(3)(b)** below, in accordance with applicable federal and state laws and regulations and consistent with the performance of our business functions.
- b. Subject to Paragraph **a.** above, we will not be restricted in or prohibited from:
- (1) Collecting, receiving, or obtaining records, receipts, invoices, medical bills, medical records, wage information, salary information, employment information, data, and any other information;
  - (2) Using any of the items described in Paragraph **b.(1)** above; or
  - (3) Retaining:
    - (a) Any of the items in Paragraph **b.(1)** above; or
    - (b) Any other information we have in our possession as a result of our processing, handling, or otherwise resolving claims submitted under this policy.
- c. We may disclose any of the items in Paragraph **b.(1)** above and any of the information described in Paragraph **b.(3)(b)** above:
- (1) To enable performance of our business functions;
  - (2) To meet our reporting obligations to insurance regulators;

- (3) To meet our reporting obligations to insurance data consolidators;
- (4) To meet other obligations required by law; and
- (5) As otherwise permitted by law.

d. Our rights under Paragraphs a., b., and c. above shall not be impaired by any:

- (1) Authorization related to any claim submitted under this policy; or
- (2) Act or omission of an insured or a legal representative acting on an insured's behalf.

All other policy provisions apply.

CMP-4260.1

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FE-6999.2  
Page 1 of 1

In accordance with the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2015, this disclosure is part of your policy.

### **FE-6999.2 POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE**

Coverage for acts of terrorism is not excluded from your current policy. However your policy does contain other exclusions which may be applicable, such as an exclusion for nuclear hazard. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under this policy, any covered losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on

January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019; and 80% beginning on January 1, 2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

There is no separate premium charged to cover insured losses caused by terrorism. Your insurance policy establishes the coverage that exists for insured losses. This notice does not expand coverage beyond that described in your policy.

**THIS IS YOUR NOTIFICATION THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER YOUR POLICY MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT AND MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE YOUR COVERAGE.**

FE-6999.2

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STATE FARM GENERAL INSURANCE COMPANY

Po Box 853925  
Richardson, TX 75085-3925

**BALANCE DUE NOTICE**

POLICY NUMBER 90-B [REDACTED]  
Residential Community Association Policy

DATE DUE  
SEE NOTE

PLEASE PAY THIS AMOUNT  
SEE NOTE

000896 3125 [REDACTED] V F  
PACIFIC BLUFFS CORPORATION II  
5326 MOUNT ALIFAN DR  
SAN DIEGO CA 92111-2623

**Full payment by Date Due continues this policy to AUG 18 2021**

ST-0101-0001

PREMIUM

\$ [REDACTED]

Location:

Important Message(s)

NOTE:

Do not pay. Payment is being made through State Farm Payment Plan. Account # [REDACTED]

Agent PAUL VARELIA  
Telephone (619) 670-8686

*See reverse for important information.  
Please keep this part for your record.  
Prepared JUN 05 2020*

↓ Please fold and tear here ↓

MOVING? PLEASE SEE YOUR STATE FARM AGENT. [REDACTED]

INSURED PACIFIC BLUFFS CORPORATION II

POLICY NUMBER 90-B [REDACTED] CONDOMINIUM

PLEASE RETURN THIS PART WITH YOUR CHECK MADE PAYABLE TO STATE FARM

DATE DUE PLEASE PAY THIS AMOUNT  
SEE NOTE SEE NOTE



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(015091)

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Prepared: JUN 05 2020  
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FIRE BAL DUE

0917







When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be *withdrawn* from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

02-08-2007 (o1f3096a)

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*For Office Use Only*

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