




# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
08/17/2021

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.

|   |  |  |  |
|---|--|--|--|
| <b>PRODUCER</b><br> Paul Varelia<br>3661 Avocado Blvd<br>La Mesa, CA 91941-7337 |  | <b>CONTACT NAME:</b> Paul Varelia<br><b>PHONE (A/C, No, Ext):</b> (619) 670-8686<br><b>FAX (A/C, No):</b> (619) 670-8502<br><b>E-MAIL ADDRESS:</b> paul.varelia.cwjg@statefarm.com<br><b>PRODUCER CUSTOMER ID:</b>   |  |
| <b>INSURED</b><br>Pacific Bluffs Corporation II<br>5326 Mount Alifan Dr<br>San Diego, CA 92111-2623   |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> State Farm General Insurance Company NAIC # 25151<br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |  |

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

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 REFER TO ACORD 101.

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  |
|-------------------------------------|---|-------------------------------------|------------------------------------|-------------------------------------|---|---|
| <input checked="" type="checkbox"/> | <b>PROPERTY</b><br>CAUSES OF LOSS    DEDUCTIBLES:<br>BASIC                    BUILDING \$10,000<br>BROAD                   CONTENTS<br><input checked="" type="checkbox"/> SPECIAL<br>EARTHQUAKE<br>WIND<br>FLOOD | 90-BH-4745-3                        | 08/18/2021                         | 08/18/2022                          | <input checked="" type="checkbox"/> BUILDING<br>PERSONAL PROPERTY<br>BUSINESS INCOME<br>EXTRA EXPENSE<br>RENTAL VALUE<br><input checked="" type="checkbox"/> BLANKET BUILDING<br>BLANKET PERS PROP<br>BLANKET BLDG & PP | \$<br>\$<br>\$ SEE ACORD 101<br>\$ SEE ACORD 101<br>\$ SEE ACORD 101<br>\$ \$21,112,200<br>\$<br>\$<br>\$ |
|                                     | <b>INLAND MARINE</b><br>CAUSES OF LOSS<br>NAMED PERILS  | TYPE OF POLICY<br><br>POLICY NUMBER |                                    |                                     |   | \$<br>\$<br>\$<br>\$  |
|                                     | <b>CRIME</b><br>TYPE OF POLICY  |                                     |                                    |                                     |   | \$<br>\$<br>\$  |
|                                     | <b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>   |                                     |                                    |                                     |   | \$<br>\$<br>\$  |

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 REFER TO ACORD 101.

**CERTIFICATE HOLDER****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.<br><br>AUTHORIZED REPRESENTATIVE <i>Paul Varelia</i><br>IF SIGNATURE IS REQUIRED, PLEASE CONTACT AGENT. |
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**ADDITIONAL REMARKS SCHEDULE**

|   |                    |  |  |
|---|--------------------|--|--|
| AGENCY<br>Paul Varelia                          |                    | NAMED INSURED<br>Pacific Bluffs Corporation II |  |
| POLICY NUMBER<br>90-BH-4745-3                   |                    |  |  |
| CARRIER<br>State Farm General Insurance Company | NAIC CODE<br>25151 | EFFECTIVE DATE: 08/17/2021                     |  |

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 24 FORM TITLE: Certificate of Property Insurance

**Unit Owner:**

- Number Of Units: 0082

**Association Type:** Residential Community Association Policy

**Forms, Options and Endorsements:**

CMP-4101 Businessowners Coverage Form  
 CMP-4828 Extra Replacement Cost  
 CMP-4696 Residential Community Assoc  
 CMP-4508 Money and Securities  
 CMP-4260.1 Amendatory Endorsement-Ca

**Forms, Options and Endorsements:**

CMP-4814 Dir & Officers \$5,000,000  
 FE-6999.2 Terrorism Insurance Cov Notice  
 CMP-4710 Emp Dishonesty \$25,000  
 CMP-4705.2 Loss of Income & Extra Expense  
 CMP-4261 Amendatory Endorsement

**Coverages:**

Business Liability \$5,000,000  
 Medical Payments \$5,000  
 Products-Completed Operations \$10,000,000  
 General Aggregate \$10,000,000

**Coverage**

Unless otherwise endorsed, this policy provides replacement cost coverage on described property and common areas detailed within the Association bylaws including the following types of property within a unit, regardless of ownership:

1. Fixtures, improvements and alterations that are a part of the building or structure; and
2. Appliances such as those used for refrigerating, ventilating, cooking, dishwashing, laundering, security or housekeeping.

Replacement cost coverage is subject to the terms and conditions of the policy and any endorsements.

Coverage under this policy may have been modified to provide actual cash value coverage rather than replacement cost coverage, or to remove specified property from coverage, if any endorsement containing in its title "ACV" or "Actual Cash Value," or "Additional Property Not Covered" is identified on this Certificate of Insurance.

Endorsements: FE-3650, FE-3653, FE-3658, and FE-3659 (Actual Cash Value) - These endorsements describe what the term "actual cash value" means where used in the policy. **However, these endorsements do not change any replacement cost coverage provided by the policy.**

This policy provides coverage on a standalone/individual condominium association.

**Commercial General Liability**

State Farm refers to this coverage as Business Liability Coverage. Coverage amount shown is Per Occurrence.

**Loss of Rents, Loss of Income and Extra Expense**

If this coverage is shown, limits are "Actual Loss Sustained". Contact the agent to confirm the number of day's coverage.