



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
08/18/2023

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 StateFarm 		CONTACT NAME: Paul Varelia PHONE (A/C, No, Ext): (619) 670-8686 E-MAIL ADDRESS: paul.varelia.cwjg@statefarm.com PRODUCER CUSTOMER ID		FAX (AC, NO): (619) 670-8502																					
Paul Varelia 3661 Avocado Blvd La Mesa, CA 91941-7337		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A :</td> <td>State Farm General Insurance Company</td> <td>25151</td> </tr> <tr> <td>INSURER B :</td> <td></td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </tbody> </table>			INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	State Farm General Insurance Company	25151	INSURER B :			INSURER C :			INSURER D :			INSURER E :			INSURER F :		
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INSURED PACIFIC BLUFFS CORPORATION II 5326 MOUNT ALIFAN DR SAN DIEGO, CA 92111-2623																									

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"/>	PROPERTY	90-BH-4745-3	08/18/2023	08/18/2024	BUILDING	\$		
	CAUSES OF LOSS DEDUCTIBLES						PERSONAL PROPERTY	\$
	BASIC BUILDING						BUSINESS INCOME	\$ SEE ACORD 101
	BROAD \$10,000.00						EXTRA EXPENSE	\$ SEE ACORD 101
	SPECIAL CONTENTS						RENTAL VALUE	\$ SEE ACORD 101
<input checked="" type="checkbox"/>	EARTHQUAKE						<input checked="" type="checkbox"/> BLANKET BUILDING	\$ \$26,667,900
	WIND						BLANKET PERS PROP	\$
	FLOOD						BLANKET BLDG & PP	\$
								\$
								\$
	INLAND MARINE	TYPE OF POLICY			\$			
	CAUSES OF LOSS				\$			
	NAMED PERILS	POLICY NUMBER			\$			
					\$			
	CRIME				\$			
	TYPE OF POLICY				\$			
					\$			
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN				\$			
					\$			
					\$			
					\$			

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. AUTHORIZED REPRESENTATIVE <i>Paul Varelia</i> IF SIGNATURE IS REQUIRED, PLEASE CONTACT AGENT.

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ADDITIONAL REMARKS SCHEDULE

AGENCY Paul Varelia		NAMED INSURED PACIFIC BLUFFS CORPORATION II	
POLICY NUMBER 90-BH-4745-3			
CARRIER State Farm General Insurance Company	NAIC CODE 25151	EFFECTIVE DATE: 08/18/2023	

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-6999.3 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 Covenants, Conditions, and Restrictions (CC&Rs) 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.