



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
08/19/2025

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 State Farm Paul Varelia  3661 Avocado Blvd La Mesa, CA 91941-7337		CONTACT NAME: Paul Varelia PHONE (A/C, No, Ext): (619) 670-8686 FAX (AC, NO): (619) 670-8502 E-MAIL ADDRESS: paul.varelia.cwjg@statefarm.com PRODUCER CUSTOMER ID															
INSURED PACIFIC BLUFFS CORPORATION II 5326 MOUNT ALIFAN DR SAN DIEGO, CA 92111-2623		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : State Farm General Insurance Company</td> <td>25151</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</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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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	08/18/2025	08/18/2026	BUILDING	\$
	CAUSES OF LOSS DEDUCTIBLES				PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC BUILDING				BUSINESS INCOME	\$ SEE ACORD 101
	<input type="checkbox"/> BROAD \$10,000.00				EXTRA EXPENSE	\$ SEE ACORD 101
	<input checked="" type="checkbox"/> SPECIAL CONTENTS				RENTAL VALUE	\$ SEE ACORD 101
	<input type="checkbox"/> EARTHQUAKE				<input checked="" type="checkbox"/> BLANKET BUILDING	\$ \$28,792,400
	<input type="checkbox"/> WIND				BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD				BLANKET BLDG & PP	\$
						\$
						\$
<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY				\$
	CAUSES OF LOSS					\$
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$
<input type="checkbox"/>	CRIME					\$
	TYPE OF POLICY					\$
						\$
<input type="checkbox"/>	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

	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p>IF SIGNATURE IS REQUIRED, PLEASE CONTACT AGENT.</p>
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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: 08/18/2025	

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:		Forms, Options and Endorsements:	
CMP-4101	Businessowners Coverage Form	CMP-4814	Dir & Officers \$5,000,000
CMP-4828	Extra Replacement Cost	FE-6999.3	Terrorism Insurance Cov Notice
CMP-4696	Residential Community Assoc	CMP-4710	Emp Dishonesty \$25,000
CMP-4508	Money and Securities	CMP-4705.2	Loss of Income & Extra Expense
CMP-4260.2	Amendatory Endorsement - Ca		

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.