

# SOCHER

INSURANCE AGENCY INC.

"Service Is Our Product."

March 21, 2007

## **MURIETA HOMEOWNERS' ASSOCIATION** 1365(e) Disclosure Summary Form

Property: Philadelphia Insurance Company: 03/24/07 – 03/24/08:

\$48,702,720 All Risk Special Form Coverage, Replacement Cost Basis, with a \$5,000 deductible per occurrence.

General Liability: Philadelphia Insurance Company: 03/24/07 – 03/24/08:

\$1,000,000 per occurrence/\$2,000,000 general aggregate with a \$1,000 deductible occurrence. \$1,000,000 Non-owned and Hired Automobile Liability is included in this policy.

Umbrella Liability: Zurich Insurance Company: 03/24/07 – 03/24/08:

\$25,000,000 Each Occurrence/\$25,000,000 General Aggregate with a \$10,000 self insured retention or deductible. This coverage is in excess to the General Liability, Non-owned and Hired Automobile Liability.

Directors and Officers Liability: Continental Casualty Company: 03/24/07 – 03/24/08:

\$1,000,000 per occurrence and annual aggregate with a \$1,000 retention per occurrence.

Fidelity Bond: Great American Insurance Company: 03/24/07 – 03/24/08:

\$1,000,000 per occurrence with a \$5,000 deductible. Coverage is provided for both Board of Directors and employees the Association has or might have during the policy year.

Earthquake (DIC): No Coverage through our Agency

Workers Compensation: Zenith Insurance Company: 03/24/07 – 03/24/08:

\$1,000,000 Coverage statutory limits as required by California law for Associations Board of Directors.

Flood: None with our Agency

**This summary of the association's policies of insurance provides only certain information, as required by subdivision (e) of Section 1365 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.**

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)

3/21/2007

PRODUCER

SOCHER INSURANCE AGENCY  
1065 E Hillsdale Blvd #425  
Foster City, CA 94044  
(650) 312-9300

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

Murieta Owners Association  
c/o Susan Levin  
39821 Cedar Boulevard  
Newark, CA 94560

## INSURERS AFFORDING COVERAGE

NAIC#

INSURER A: Philadelphia Insurance Company  
INSURER B: Zurich Insurance Company  
INSURER C: Zenith Insurance Company  
INSURER D: Continental Casualty Company  
INSURER E: Great American Insurance Company

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

NSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	TBA	03/24/07	03/24/08	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
A	AUTOMOBILE LIABILITY	TBA	03/24/07	03/24/08	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC AGG \$
B	EXCESS/UMBRELLA LIABILITY	TBA	03/24/07	03/24/08	EACH OCCURRENCE \$25,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE				AGGREGATE \$25,000,000
					\$
	DEDUCTIBLE				\$
	RETENTION \$ 10,000				\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	C115 C067128303	03/24/07	03/24/08	WC STATUTORY LIMITS OTH-ER \$ 1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
	OTHER				E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	*Building Coverage	TBA	03/24/07	03/24/08	Limit - \$48,702,720 Deductible - \$5,000

## DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

\*A-Building on a Comprehensive, All-Risk, Replacement Cost Basis, 100% Co-Insurance, Including 438BFU NS.  
D-Directors & officers: #0250989198 03/24/07-03/24/08 Limit-\$1,000,000 Ded-\$1,000  
E-Fidelity Bond: #TBA 03/24/07-03/24/08 Limit-\$1,000,000 Ded-\$5,000

## CERTIFICATE HOLDER

For Informational Purposes Only

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE