



SOCHER

Socher Insurance Agency
1065 E. Hillsdale Blvd., Suite 425
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CA Broker License No. 0C97535

September 23, 2008

MURIETA OWNERS ASSOCIATION
1365(f) Disclosure Summary Form

Property: Philadelphia Insurance Company: 09/24/08 – 09/24/09:

\$52,416,302 Special Form Coverage, Extended Replacement Cost Basis, Co-insurance waived on an Agreed Amount with a \$15,000 deductible per occurrence.

General Liability: Philadelphia Insurance Company: 09/24/08 – 09/24/09:

\$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: American Guarantee & Liability Company: 09/24/08 – 09/24/09:

\$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 and Directors and Officers Liability.

Directors and Officers Liability: Continental Casualty Company: 09/24/08 – 09/24/09:

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

Fidelity Bond: Great American Insurance Company: 09/24/08 – 09/24/09:

\$1,500,000 per occurrence with a \$10,000 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: 03/24/08 – 03/24/09:

\$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.

PRODUCER

Socher Insurance Agency, Inc.
1065 East Hillsdale Boulevard
Suite 425
Foster City CA 94404
Phone: 650-312-9300 Fax: 650-312-9306

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 Cos.

INSURER B: American Guarantee & Liability

INSURER C: Zenith Insurance Company

INSURER D: Continental Casualty Co.

INSURER E:

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.

INSR 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	09/24/08	09/24/09	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY	TBA	09/24/08	09/24/09	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 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 \$
					AUTO ONLY: AGG \$
B	EXCESS/UMBRELLA LIABILITY	AUC297296805-2500804-03	09/24/08	09/24/09	EACH OCCURRENCE \$ 25,000,000
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 25,000,000
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input checked="" type="checkbox"/> RETENTION \$10,000				\$
					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	C067128304	03/24/08	03/24/09	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	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
					E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	OTHER				
	Directors and	0250989198	09/24/08	09/24/09	Limit: \$1,000,000 Ded: \$1,000

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

Please see Certificate of Property (Acord 24) for remaining policies.

CERTIFICATE HOLDER

CANCELLATION

FORINFO

For Informational Purposes

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

PRODUCER

Socher Insurance Agency, Inc.
1065 East Hillsdale Boulevard
Suite 425
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COMPANIES AFFORDING COVERAGE

COMPANY

A

Philadelphia Insurance Cos.

COMPANY

B

Great American Insurance Co.

COMPANY

C

COMPANY

D

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY	TBA	09/24/08	09/24/09		
	CAUSES OF LOSS					
	<input type="checkbox"/> BASIC				BUILDING	\$
	<input type="checkbox"/> BROAD				PERSONAL PROPERTY	\$
	<input checked="" type="checkbox"/> SPECIAL				BUSINESS INCOME	\$
	<input type="checkbox"/> EARTHQUAKE				EXTRA EXPENSE	\$
	<input type="checkbox"/> FLOOD				<input checked="" type="checkbox"/> BLANKET BUILDING	\$ 52,416,302
					BLANKET PERS PROP	\$
					BLANKET BLDG & PP	\$
					<input checked="" type="checkbox"/> Ded	\$ 15,000
						\$
	<input type="checkbox"/> INLAND MARINE					\$
	TYPE OF POLICY					\$
	CAUSES OF LOSS					\$
	<input type="checkbox"/> NAMED PERILS					\$
	<input type="checkbox"/> OTHER					\$
B	<input checked="" type="checkbox"/> CRIME	SAA 554-38-21-3203-03	09/24/08	09/24/09	<input checked="" type="checkbox"/> Limit	\$ 1,500,000
	TYPE OF POLICY				<input checked="" type="checkbox"/> Ded	\$ 10,000
	Fidelity Bond					\$
	<input type="checkbox"/> BOILER & MACHINERY					\$
						\$
	<input type="checkbox"/> OTHER					

LOCATION OF PREMISES/DESCRIPTION OF PROPERTY

A-Building coverage is Special, Extended Replacement Cost basis, co-insurance waived on an agreed amount.

SPECIAL CONDITIONS/OTHER COVERAGES

Please see Certificate of Liability (Acord 25) for remaining policies.

CERTIFICATE HOLDER

FOR INFO

For Informational Purposes

CANCELLATION

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AUTHORIZED REPRESENTATIVE