STATE FARM GENERAL INSURANCE COMPANY

A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

Po Box 853925 Richardson, TX 75085-3925

Named Insured

AT2

001175 3125 M-12-1112-FA59 F V

TERRACE VILLAGE MAINTENANCE CORPORATION

PO BOX 34398 PMB SAN DIEGO CA 92163-4398

RENEWAL DECLARATIONS

Policy Number

90-F5-0000-7

Policy Period 12 Months

Effective Date JUN 15 2020 **Expiration Date** JUN 15 2021

The policy period begins and ends at 12:01 am standard time at the premises location.

Agent and Mailing Address BRUCE A HOFBAUER CPCU 12396 WORLD TRADE DR STE 113 SAN DIEGO CA 92128-3787

PHONE: (858) 679-2880

Residential Community Association Policy

Automatic Renewal - If the policy period is shown as 12 months, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Entity: Corporation

NOTICE: Information concerning changes in your policy language is included. Please call your agent if you have any questions.

POLICY PREMIUM

7,368.00

Discounts Applied: Renewal Year Protective Devices Age of Building Claim Record

Residential Community Association Policy for TERRACE VILLAGE MAINTENANCE Policy Number 90-F5-0000-7

SECTION I - PROPERTY SCHEDULE

Location Number	Location of Described Premises	Limit of Insurance* Coverage A - Buildings	Limit of Insurance* Coverage B - Business Personal Property
001	3688 1ST AVE SAN DIEGO CA 92103-4060	\$ 3,689,700	\$ 7,400

AUXILIARY STRUCTURES

Location Number	Description	Limit of Insurance* Coverage A - Buildings	Limit of Insurance* Coverage B - Business Personal Property
001A	Pool	\$ 81,400	See Prop Sch

^{*} As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage.

QE	CTIONI	_ INCI	ATION	COVER	AGE	INDEX/ES)

Inflation Coverage Index:

209.9

SECTION I - DEDUCTIBLES

Basic Deductible

\$3,000

Residential Community Association Policy for TERRACE VILLAGE MAINTENANCE Policy Number 90-F5-0000-7

Special Deductibles:



Money and Securities Equipment Breakdown

\$250 \$2,500 **Employee Dishonesty**

\$250

Other deductibles may apply - refer to policy.

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH DESCRIBED PREMISES

The coverages and corresponding limits shown below apply separately to each described premises shown in these Declarations, unless indicated by "See Schedule." If a coverage does not have a corresponding limit shown below, but has "Included" indicated, please refer to that policy provision for an explanation of that coverage.

COVERAGE	LIMIT OF INSURANCE	
Collapse	Included	
Damage To Non-Owned Buildings From Theft, Burglary Or Robbery	Coverage B Limit	
Debris Removal	25% of covered loss	
Equipment Breakdown	Included	
Fire Department Service Charge	\$5,000	
Fire Extinguisher Systems Recharge Expense	\$5,000	
Glass Expenses	Included	
Increased Cost Of Construction And Demolition Costs (applies only when buildings are insured on a replacement cost basis)	10%	
Newly Acquired Business Personal Property (applies only if this policy provides Coverage B - Business Personal Property)	\$100,000	
Newly Acquired Or Constructed Buildings (applies only if this policy provides Coverage A - Buildings)	\$250,000	
Ordinance Or Law - Equipment Coverage	Included	
Preservation Of Property	30 Days	

Residential Community Association Policy for TERRACE VILLAGE MAINTENANCE Policy Number 90-F5-0000-7

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH COMPLEX

The coverages and corresponding limits shown below apply separately to each complex as described in the policy.

COVERAGE	LIMIT OF INSURANCE
Accounts Receivable On Premises Off Premises	\$50,000 \$15,000
Arson Reward	\$5,000
Forgery Or Alteration	\$10,000
Money And Securities (Off Premises)	\$5,000
Money And Securities (On Premises)	\$10,000
Money Orders And Counterfeit Money	\$1,000
Outdoor Property	\$5,000
Personal Effects (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Personal Property Off Premises	\$15,000
Pollutant Clean Up And Removal	\$10,000
Property Of Others (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Signs	\$2,500
Valuable Papers And Records On Premises Off Premises	\$10,000 \$5,000

Residential Community Association Policy for TERRACE VILLAGE MAINTENANCE Policy Number 90-F5-0000-7



SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - PER POLICY

The coverages and corresponding limits shown below are the most we will pay regardless of the number of described premises shown in these Declarations.

COVERAGE	LIMIT OF INSURANCE
Back-Up of Sewer or Drain	Included
Employee Dishonesty	\$25,000
Loss Of Income And Extra Expense	Actual Loss Sustained - 12 Months

SECTION II - LIABILITY

COVERAGE	LIMIT OF INSURANCE
Coverage L - Business Liability	\$2,000,000
Coverage M - Medical Expenses (Any One Person)	\$5,000
Damage To Premises Rented To You	\$300,000
Directors And Officers Liability	\$2,000,000
AGGREGATE LIMITS	LIMIT OF INSURANCE
Products/Completed Operations Aggregate	\$4,000,000
General Aggregate	\$4,000,000
Directors and Officers Aggregate	\$2,000,000

Each paid claim for Liability Coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II - Liability in the Coverage Form and any attached endorsements.

Residential Community Association Policy for TERRACE VILLAGE MAINTENANCE Policy Number 90-F5-0000-7

Your policy consists of these Declarations, the BUSINESSOWNERS COVERAGE FORM shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

FORMS AND ENDORSEMENTS

CMP-4101	Businessowners Coverage Form
CMP-4260.1	*Amendatory Endorsement-CA
FE-6999.2	*Terrorism Insurance Cov Notice
CMP-4261	*Amendatory Endorsement
CMP-4814	Directors & Officers Liability
CMP-4696	Residential Community Assoc
CMP-4746.1	Hired Auto Liability
CMP-4710	Employee Dishonesty
CMP-4508	Money and Securities
CMP-4705.2	Loss of Income & Extra Expense
FE-1313	Form 438bfu NS Lndr Loss Pay
FD-6007	Inland Marine Attach Dec
	* New Form Attached

This policy is issued by the State Farm General Insurance Company.

Participating Policy

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm General Insurance Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.

Lynne M. Yourll
Secretary

President

Thomas Conlay



Residential Community Association Policy for TERRACE VILLAGE MAINTENANCE **Policy Number** 90-F5-0000-7



IMPORTANT NOTICE:

California law requires us to provide you with information for filling complaints with the State Insurance Department regarding the coverage and service provided under this policy.

Your agent's name and contact information are provided on the front of this document. Another option is to reach out by

State Farm® Executive Customer Service PO Box 2320 Bloomington IL 61702 Phone # 1-800-STATEFARM (1-800-782-8332)

Department of Insurance complaints should be filed only after you and State Farm or your agent or other company representative have failed to reach a satisfactory agreement on a problem.

California Department of Insurance Consumer Services Division 300 South Spring Street Los Angeles, CA 90013 Phone # 1-800-927-HELP (4357) or visit www.insurance.ca.gov/01-consumers

NOTICE TO POLICYHOLDER:

For a comprehensive description of coverages and forms, please refer to your policy.

Policy changes requested before the "Date Prepared", which appear on this notice, are effective on the Renewal Date of this policy unless otherwise indicated by a separate endorsement, binder, or amended declarations. Any coverage forms attached to this notice are also effective on the Renewal Date of this policy.

Policy changes requested after the "Date Prepared" will be sent to you as an amended declarations or as an endorsement to your policy. Billing for any additional premium for such changes will be mailed at a later date.

If, during the past year, you've acquired any valuable property items, made any improvements to insured property, or have any questions about your insurance coverage, contact your State Farm agent.

Please keep this with your policy.

Prepared APR 02 2020 CMP-4000

Residential Community Association Policy for TERRACE VILLAGE MAINTENANCE Policy Number 90-F5-0000-7

Your coverage amount....

It is up to you to choose the coverage and limits that meet your needs. We recommend that you purchase a coverage limit equal to the estimated replacement cost of your structure. Replacement cost estimates are available from building contractors and replacement cost appraisers, or, your agent can provide an estimate from Xactware, Inc. using information you provide about your structure. We can accept the type of estimate you choose as long as it provides a reasonable level of detail about your structure. State Farm does not guarantee that any estimate will be the actual future cost to rebuild your structure. Higher limits are available at higher premiums. Lower limits are also available, as long as the amount of coverage meets our underwriting requirements. We encourage you to periodically review your coverages and limits with your agent and to notify us of any changes or additions to your structure.



STATE FARM GENERAL INSURANCE COMPANY

A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

Po Box 853925 Richardson, TX 75085-3925

Named Insured

M-12-1112-FA59 F V

TERRACE VILLAGE MAINTENANCE CORPORATION PO BOX 34398 PMB SAN DIEGO CA 92163-4398

INLAND MARINE ATTACHING DECLARATIONS

Policy Number 90-F5-0000-7

Policy Period Effective Date Expiration Date 12 Months JUN 15 2020 JUN 15 2021 The policy period begins and ends at 12:01 am standard time at the premises location.



ATTACHING INLAND MARINE

Automatic Renewal - If the policy period is shown as 12 months, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Annual Policy Premium

Included

The above Premium Amount is included in the Policy Premium shown on the Declarations.

Your policy consists of these Declarations, the INLAND MARINE CONDITIONS shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

Forms, Options, and Endorsements

FE-8739 FE-6271 Inland Marine Conditions

FE-62/1 FE-8745 Amendatory Endorsement Inland Marine Computer Prop

See Reverse for Schedule Page with Limits

Prepared APR 02 2020 FD-6007

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ATTACHING INLAND MARINE SCHEDULE PAGE

ATTACHING INLAND MARINE

ENDORSEMENT NUMBER	COVERAGE		LIMIT OF INSURANCE	DEDU(AMOU	CTIBLE INT	annual Premium
FE-8745	Inland Marine Computer Prop Loss of Income and Extra Expense	\$ \$	10,000 10,000	\$	500	Included Included

Page 1 of 3





This notice summarizes the changes being made to your policy. Please read the new endorsement carefully and note the following changes:

SECTION II - DEFINITIONS: Paragraph 18. Personal and Advertising Injury:

 Infringement of another's patent, trademark, or trade secret is no longer within the definition of personal and advertising injury.

SECTION II - EXCLUSIONS: Paragraph 17. Personal and Advertising Injury:

 Damages from infringement of another's patent, trademark, or trade secret continue to be specifically excluded under this policy.

Endorsement **CMP-4260.1** follows this notice. Please read it thoroughly and place it with your policy. If you have any questions about the information in this notice, please contact your State Farm® agent.

This notice is a general description of coverage and/or coverage changes and is not a statement of contract. This message does not change, modify, or invalidate any of the provisions, terms, or conditions of your policy, or any other applicable endorsements.

AMENDATORY ENDORSEMENT (California)

This endorsement modifies insurance provided under the following: BUSINESSOWNERS COVERAGE FORM

- SECTION I EXCLUSIONS is amended as follows:
 - a. Paragraph **2.f. Dishonesty** is replaced by the following:
 - f. Dishonesty
 - (1) Dishonest or criminal acts by you, anyone else with an interest in the property, or any of your or their partners, "members", officers, "managers", employees, directors, trustees, or authorized representatives, whether acting alone or in collusion with each other or with any other party; or
 - (2) Theft by any person to whom you entrust the property for any purpose, whether acting alone or in collusion with any other party.

This exclusion applies whether or not an act occurs during your normal hours of operation.

This exclusion does not apply to acts of destruction by your employees; but theft by your employees is not covered.

With respect to accounts receivable and "valuable papers and records", this exclusion does not apply to carriers for hire.

- Under Paragraph i. Fungi, Virus Or Bacteria, the reference to 23. Fungi, Wet Or Dry Rot is changed to 24. Fungi, Wet Or Dry Rot.
- Paragraph 24. d. under Fungi, Wet Or Dry Rot And Bacteria of SECTION I — EXTENSIONS OF COVERAGE does not apply.
- SECTION II LIABILITY is amended as follows:
 - a. When used in this policy, the words "his or her" are replaced with "that person's".
 - Section II Exclusions is amended as follows:
 - (1) Paragraphs 17.b. and 17.c. under Personal And Advertising Injury are replaced by the following:
 - Arising out of oral or written publication of material, in any manner, if done by or at the direction of the insured with knowledge of its falsity;



- c. Arising out of oral or written publication of material, in any manner, whose first publication took place before the beginning of the policy period;
- c. Under SECTION II MEDICAL EX-PENSES, Paragraph 1.d.(2) under Coverage M – Medical Expenses is replaced by the following:
 - (2) Executes authorization to allow us to obtain copies of medical bills, medical records, and any other information we deem necessary to substantiate the claim.

Such authorizations must not:

- (a) Restrict us from performing our business functions in:
 - Obtaining records, bills, information, and data; or
 - Using or retaining records, bills, information, and data collected or received by us;
- (b) Require us to violate federal or state laws or regulations;
- (c) Prevent us from fulfilling our data reporting and data retention obligations to insurance regulators; or
- (d) Prevent us from disclosing claim information and data:
 - To enable performance of our business functions;
 - ii. To meet our reporting obligations to insurance regulators;
 - iii. To meet our reporting obligations to insurance data consolidators; and
 - iv. As otherwise permitted by law.

If the holder of the information refuses to provide it to us despite the authorization, then at our request the person making claim or his or her legal representative must obtain the information and promptly provide it to us; and

- d. SECTION II DEFINITIONS is amended as follows:
 - (1) Paragraphs 18.f. and 18.g are replaced by the following:
 - f. The use of another's advertising idea in your "advertisement"; or
 - g. Infringing upon another's copyright, trade dress or slogan in your "advertisement".
 - (2) Paragraph 18.h. is deleted.
- 4. The following are added to SECTION I AND SECTION II COMMON POLICY CONDITIONS:

Our Rights Regarding Claim Information

- a. We will collect, receive, obtain, use, and retain all the items described in Paragraph b.(1) below and use and retain the information described in Paragraph b.(3)(b) below, in accordance with applicable federal and state laws and regulations and consistent with the performance of our business functions.
- **b.** Subject to Paragraph **a.** above, we will not be restricted in or prohibited from:
 - (1) Collecting, receiving, or obtaining records, receipts, invoices, medical bills, medical records, wage information, salary information, employment information, data, and any other information;
 - (2) Using any of the items described in Paragraph **b.(1)** above; or
 - (3) Retaining:
 - (a) Any of the items in Paragraph b.(1) above: or
 - (b) Any other information we have in our possession as a result of our processing, handling, or otherwise resolving claims submitted under this policy.
- c. We may disclose any of the items in Paragraph b.(1) above and any of the information described in Paragraph b.(3)(b) above:
 - (1) To enable performance of our business functions:
 - (2) To meet our reporting obligations to insurance regulators;

law; and

(3) To meet our reporting obligations to in-

(4) To meet other obligations required by

surance data consolidators:

(5) As otherwise permitted by law.

above shall not be impaired by any:

d. Our rights under Paragraphs a., b., and c.

- (1) Authorization related to any claim submitted under this policy; or
- (2) Act or omission of an insured or a legal representative acting on an insured's behalf.

All other policy provisions apply.

CMP-4260.1

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FE-6999.2 Page 1 of 1

In accordance with the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2015, this disclosure is part of your policy.

FE-6999.2 POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is not excluded from your current policy. However your policy does contain other exclusions which may be applicable, such as an exclusion for nuclear hazard. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury-in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under this policy, any covered losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on FE-6999.2

January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019; and 80% beginning on January 1, 2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

There is no separate premium charged to cover insured losses caused by terrorism. Your insurance policy establishes the coverage that exists for insured losses. This notice does not expand coverage beyond that described in your policy.

THIS IS YOUR NOTIFICATION THAT UNDER THE TERRORISM RISK INSURANCE ACT. AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER YOUR POLICY MAY BE PARTIALLY REIM-BURSED BY THE UNITED STATES GOVERN-MENT AND MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE YOUR COV-ERAGE.





CMP-4261C Page 1 of 1

IMPORTANT NOTICE

Effective with this policy term, CMP-4261 AMENDATORY ENDORSEMENT (California) is added to your policy.

This notice summarizes the changes being made to your policy. Please read the new endorsement carefully and note the following changes:

- Language has been revised to address covered losses relating to a state of emergency as defined in Section 8558 of the California Government Code. In the event of a qualified state of emergency loss, the following revision applies:
 - SECTION I CONDITIONS, Property Loss Conditions, Loss Payment Under item 1. e. (4) (a) ii. 2), the time period for receiving payment on a replacement cost basis is extended. Repair or replacement of the lost or damaged property must be completed within 36 months after we pay the actual cash value in order to receive any additional payments on a replacement cost basis.
 - *** NOTICE: This revision applies only in the event of a qualified state of emergency loss. ***

Endorsement CMP-4261 follows this notice. Please read it thoroughly and place it with your policy. If you have any questions about the information in this notice, please contact your State Farm® agent.

This notice is a general description of coverage and/or coverage changes and is not a statement of contract. This message does not change, modify, or invalidate any of the provisions, terms, or conditions of your policy, or any other applicable endorsements.

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

AMENDATORY ENDORSEMENT (California)

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SECTION I - CONDITIONS

Under Paragraph 1. Property Loss Conditions, item e. (4) (a) ii. 2) of Loss Payment is replaced by the following:

Within 36 months after we pay the actual cash value if the loss or damage relates to a state of emergency as described in Section 8558 of the Government Code;

All other policy provisions apply.

CMP-4261

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State Farm STATE FARM GENERAL INSURANCE COMPANY Po Box 853925 Richardson, TX 75085-3925 M-12-1112-FA59 001175 3125 TERRACE VILLAGE MAINTENANCE CORPORATION PO BOX 34398 PMB SAN DIEGO CA 92163-4398

BALANCE DUE NOTICE

90-F5-0000-7

POLICY NUMBER Residential Community Association Policy

DATE DUE

PLEASE PAY THIS AMOUNT

JUN 15 2020

\$7,368.00

Full payment by Date Due continues this policy to JUN 15 2021

PREMIUM AMOUNT DUE

7,368.00 7,368.00

Location:

3688 1ST AVE SAN DIEGO CA 92103-4060

Important Message(s)

17 2518 9227

See reverse for important information. Please keep this part for your record. Prepared APR 02 2020

PLEASE RETURN THIS PART WITH YOUR

State Farm

Telephone

MOVING? PLEASE SEE YOUR STATE FARM AGENT. M-1112-FA59 TERRACE VILLAGE MAINTENANCE

INSURED CORPORATION

BRUCE A HOFBAUER CPCU

(858) 679-2880

POLICY NUMBER

CONDOMINIUM

Please fold and tear here 1

CHECK MADE PAYABLE TO STATE FARM

DATE DUE

PLEASE PAY THIS AMOUNT

JUN 15 2020

\$7,368.00

1209007155

State Farm Insurance Companies P.O. Box 680001 Dallas, TX 75368-0001

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APR 02 2020 Prepared: 94

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90-F5-0000-7

FIRE BAL DUE

\$7,368.00

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