



State Farm General Insurance Company
A Stock Company With Home Offices in Bloomington, Illinois

Po Box 853925
Richardson, TX 75085-3925

Named Insured

AT1 000158 3317 9L-12-61D1-FA59 F M
TERRACE VILLAGE MAINTENANCE
CORPORATION
PO BOX 34398 PMB
SAN DIEGO CA 92163-4398



Entity: Corporation

RENEWAL DECLARATIONS

Policy Number	90-E3-A651-2	
Policy Period	Effective Date	Expiration Date
12 Months	SEP 21 2022	SEP 21 2023
The policy period begins and ends at 12:01 am standard time at your mailing address as shown.		

COMMERCIAL LIABILITY UMBRELLA POLICY

Automatic Renewal - If the **policy period** is shown as **12 months**, this policy will be renewed automatically upon payment of the renewal premium when due subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated we will give you written notice in compliance with the policy provisions or as required by law.

Coverage(s)	Limits of Insurance
Coverage L - Business Liability (Each Occurrence)	\$ 1,000,000
Coverage L - Business Liability (Annual Aggregate)	\$ 1,000,000
Self-Insured Retention	\$ 10,000

Required Underlying Insurance Schedule		Minimum Underlying Limits
Coverage		
Business Liability	Bodily Injury (Per Occurrence)	\$ 500,000
	Bodily Injury (Annual Aggregate)	\$ 1,000,000
	Property Damage (Per Occurrence and Annual Aggregate)	\$ 100,000
	--or--	
	Bodily Injury and Property Damage (Per Occurrence)	\$ 500,000
Employers Non-Owned Auto Liability	Bodily Injury and Property Damage (Annual Aggregate)	\$ 1,000,000
	--or--	
	Bodily Injury and Property Damage (Each Occurrence)	\$ 500,000
	Bodily Injury and Property Damage (Annual Aggregate)	\$ 1,000,000
	--or--	
	Bodily Injury (Each Person/Each Accident)	\$ 500,000 / \$ 500,000
	Property Damage (Each Accident)	\$ 100,000
	--or--	
	Bodily Injury and Property Damage (Each Accident)	\$ 500,000

Forms & Endorsements		Policy Premium	\$ 293.00
Commercial Umb Coverage Form	CU-2100		
*Terrorism Insurance Cov Notice	FE-6999.3		
Amendatory Endorsement	CU-2205		
Exclusion-Lead Poisoning	CU-2339		
Policy Endorsement	CU-2474.3		
Amendment of Who Is an Insured	CU-2384		

* New Form Attached

Other limits and exclusions may apply - refer to your policy

Continued on Reverse

CU-2000 Prepared
JUL 12 2022
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BRUCE A HOFBAUER CPCU
(858) 679-2880

Continued from Front

Coverage	Required Underlying Insurance Schedule	Minimum Underlying Limits
Hired Auto Liability	Bodily Injury and Property Damage (Each Occurrence)	\$ 500,000
	Bodily Injury and Property Damage (Annual Aggregate)	\$ 1,000,000
	--or--	
	Bodily Injury (Each Person/Each Accident)	\$ 500,000 / \$ 500,000
	Property Damage (Each Accident)	\$ 100,000
	--or--	
	Bodily Injury and Property Damage (Each Accident)	\$ 500,000

Your policy consists of these Declarations, the Commercial Liability Umbrella Coverage Form, and any other forms and endorsements that apply.

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. Youell
Secretary

Thomas Conley
President

IMPORTANT NOTICE:

California law requires us to provide you with information for filing 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 mail or phone directly to:

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

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In accordance with the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2019, this disclosure is part of your policy.

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is not excluded from your policy. However your policy does contain other exclusions which may be applicable, such as an exclusion for nuclear hazard. You are hereby notified that the Terrorism Risk Insurance Act, as amended in 2019, defines an act of terrorism 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 effect 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 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 REIMBURSED BY THE UNITED STATES GOVERNMENT AND MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE YOUR COVERAGE.

FE-6999.3

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Good news! We're making it easier for you to get a Certificate of Liability Insurance online.



Request certificates of liability insurance for most business policies.



Choose an existing additional insured from your policy or enter a new certificate holder.



No login required. You just need your policy number and business location.



Let's get started... Use your smart phone to scan this code or visit statefarm.com/certificate.

553-4381

553-4370 CA

IMPORTANT NOTICE

Anti-Fraud Disclosure

For your protection California law requires notification of the following disclosure:

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

553-4370 CA



State Farm General Insurance Company

Po Box 853925
Richardson, TX 75085-3925

BALANCE DUE NOTICE

POLICY NUMBER 90-E3-A651-2
COMMERCIAL LIABILITY UMBRELLA POLICYDATE DUE
SEE NOTEPLEASE PAY THIS AMOUNT
SEE NOTEFull payment by Date Due continues this
policy to SEP 21 2023000158 3317 L-12-61D1-FA59 M F
TERRACE VILLAGE MAINTENANCE
CORPORATION
PO BOX 34398 PMB
SAN DIEGO CA 92163-4398

PREMIUM \$ 293.00

LOCATION: On File

Important Message(s)

NOTE:

Do not pay. Payment is being
made through State Farm Payment
Plan. Account # 1230264012

17 2046 7759

See reverse for important information.
Please keep this part for your record.
Prepared JUL 12 2022Agent BRUCE A HOFBAUER CPCU
Telephone (858) 679-2880

Please fold and tear here

MOVING? PLEASE SEE YOUR STATE FARM AGENT.

L-61D1-FA59

INSURED

TERRACE VILLAGE MAINTENANCE
CORPORATION

POLICY NUMBER

90-E3-A651-2

COMM LIAB UMB

PLEASE RETURN THIS PART WITH YOUR
CHECK MADE PAYABLE TO STATE FARM

DATE DUE

PLEASE PAY THIS AMOUNT

SEE NOTE

SEE NOTE

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For office use only 10-04-2010

Prepared: JUL 12 2022
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FIRE BAL DUE

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When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

02-08-2007 (o1f3096a)

For Office Use Only

