

### **COMMON POLICY DECLARATIONS**

# **Allstate Insurance Company**

2775 Sanders Road, Northbrook, IL 60062

1		A 210CK INSON				
Item 1. Named Insure	d and Mailing Add	tress	Agent Name and Address			
PACIFIC PALMS H (SEE NAMED INSU PO BOX 34398 SAN DIEGO CA 92	OA C-O HILI RED ENDT)		5790	IE J. FULLE MIRAMAR RD DIEGO CA 92	#210	
Item 2. Policy Period	From:	08-29-2014	То:	08-29-2015	)	
	at 12:01 A.i	M., Standard Time	at your	mailing address sl	hown abo	ove.
Item 3. Business Des Form of Busin	•	CIATION				
Item 4. In return for the provide the in-	ne payment of the surance as stated	premium, and sul in this policy.	bject to a	all the terms of this	s policy, v	we agree with you to
This policy consists of the is no coverage. This pro-	he following cove emium may be su	rage parts for which bject to adjustmen	ch a prei it.	mium is indicated.	Where n	no premium is shown, there
Coverage Pa						Premium
Commercial Property Co	overage Part				\$	853.00
Commercial General Lia	bility Coverage Pa	art			\$	359.00
Crime and Fidelity Cove	rage Part				\$	169.00
Commercial Inland Mari	ne Coverage Part					
Commercial Auto (Busin	ness or Truckers)	Coverage Part				
Commercial Garage Cov	rerage Part					
Terrorism Risk Insurance	e Act Coverage				\$	80.00
			Total	Policy Premium	\$	1,461.00
Item 5. Forms and Er	ndorsements					
Form(s) and Endorseme	ent(s) made a par	t of this policy at t	ime of is	sue:		
' '	of Forms and Er	• •				

# SEE THE <u>IMPORTANT PAYMENT INFORMATION</u> FORM FOR DETAILS ABOUT PAYMENT OPTIONS

Date: 06-17-14 By: JORDIE J. FULLER		· · ·	Authorized Representative	
	Date: 06-17-14	By:	JORDIE J. FULLER	



THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS. COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.



# SCHEDULE OF NAMED INSURED(S) Allstate Insurance Company

Named Insured PACIFIC PALMS HOA C-O HILL TOP

Effective Date: 08-29-14 12:01 A.M., Standard Time

Agent Name JORDIE J. FULLER

DM CW 02 (cont.)

THE NAMED INSURED ON FORM DM CW 02 IS AMENDED TO READ:

PACIFIC PALMS HOA C-O HILL TOP COMM EXECUTIVES





**POLICY NUMBER: 648667044** 

MULTILINE AM CW 02 11 09

### WITNESS CLAUSE

IN WITNESS WHEREOF. Allstate has caused this policy to be signed by its Secretary

and its President at Northbroo		od triio policy to b	o digition by the coordinary
Mary Mcg	Win	Man	nus Molai-
Mary Jovita McGinn			Thomas J. Wilson
Secretary			President
Countersigned by :	JORDIE J.	FULLER	, Authorized Representative



### Your Allstate Agency

Allstate relies on thousands of local agencies to assist customers with their insurance decision-making process by providing customers with information and high quality service. These agencies represent Allstate and provide numerous services to customers on its behalf. Agencies are paid a commission by the company for selling and servicing Allstate's insurance policies and may be eligible to receive additional compensation and rewards based on performance.





# **ALLSTATE CLAIM REPORTING**

To report a claim on your Allstate Business Insurance policy, you may contact your agent for assistance or you may report your claim directly by contacting us at the following phone numbers.

To report a claim for:

Commercial Property/Casualty policies: 1(800) 359-1000





### SCHEDULE OF FORMS AND ENDORSEMENTS

# **Allstate Insurance Company**

Named Insured PACIFIC PALMS HOA C-O HILL TOP

Effective Date: 08-29-14

12:01 A.M., Standard Time

Agent Name JORDIE J. FULLER

соммои	POLICY FORMS A		
DM CW DM CW AM CW DM CW DM CW AM CW *IL 00 *IL 09 *AM CA *IL 01 *IL 01 *IL 02 *IL 00 *IL 09 *IL 09 *IL 09	03 13 02 12 14 01 17 21 85 03 02 03 04 70 03 35 52	01-10 01-10 01-10 11-09 01-10 01-10 11-09 11-98 09-08 01-08 11-09 05-05 09-07 09-07 09-07 09-12 09-08 07-02 03-08 01-08	COMMON POLICY DECLARATIONS SCHEDULE OF NAMED INSURED(S) DESCRIPTION OF THE PAYMENT OPTIONS WITNESS CLAUSE SCHEDULE OF FORMS AND ENDORSEMENTS SCHEDULE OF LOCATIONS AMENDATORY ENDORSEMENT COMMON POLICY CONDITIONS NUCLEAR ENERGY LIABILITY EXCLUSION ENDT DISCLOSURE PURSUANT/TERROR RISK INS ACT CALIFORNIA INDEPENDENT COUNSEL ENDT CALIFORNIA CHANGES - ACTUAL CASH VALUE CALIFORNIA CHANGES - ACTUAL CASH VALUE CALIFORNIA CHANGES CA CHANGES - CANCELLATION & NONRENEWAL CALCULATION OF PREMIUM EXCL OF CERTAIN COMPUTER - RELATED LOSSES CAP/LOSSES FROM CERTIFIED ACTS OF TERROR EXCL/CERT ACTS-TERROR; COV/FIRE LOSSES
PROPERT	TY FORMS AND EN	DORSEMENTS	
DP CW *CP 00 *CP 00 *HP CW *CP 02 *CP 01 *CP 04 *CP 10 *CP 10	12 17 90 03 99 40 49 30	01-10 06-07 07-88 11-09 06-07 07-06 12-05 06-07 08-08	COMM PROPERTY COV PART SUPP DEC CONDOMINIUM ASSOCIATION COVERAGE FORM COMMERCIAL PROPERTY CONDITIONS EQUIPMENT BREAKDOWN COVERAGE FORM CANCELLATION CHANGES EXCL OF LOSS DUE TO VIRUS OR BACTERIA CALIFORNIA CHANGES-REPLACEMENT COST CAUSES OF LOSS - SPECIAL FORM WATER EXCLUSION ENDORSEMENT
GENERAI	L LIABILITY FOR	MS AND END	ORSEMENTS
DL CW DL CW *CG 00 *CG 00 AL CW AL CW *AL CW *CG 32 *AL CW *CG 21	12 01 68 12 26 11 34 01 04 46 47 49 67 71	01-10 01-10 12-07 05-09 11-09 11-09 05-13 01-05 11-09 11-85 07-98 12-07 09-99 12-04 06-08 03-05 12-04	COMM GENERAL LIABILITY COVERAGE SUPP DEC COMM GENERAL LIABILITY COVERAGE SCHEDULE COMMERCIAL GENERAL LIABILITY COV FORM RECRDG AND DISTRB OF MATRL OR INFO EXCL BOARD OF MANAGERS FORM SCHEDULE ENOC AND HIRED AUTO COVERAGE FORM BOARD OF MANAGERS COVERAGE FORM CALIFORNIA CHANGES EXCLUSION ASBESTOS ADDL INSD-CONDOMINIUM UNIT OWNERS ABUSE OR MOLESTATION EXCLUSION EMPLOYMENT-RELATED PRACTICES EXCLUSION TOTAL POLLUTION EXCL ENDT FUNGI OR BACTERIA EXCLUSION EXCL OTHR ACTS OF TERROR O/S US SILICA OR SILICA-RELATED DUST EXCLUSION BINDING ARBITRATION



BU114R-3



### SCHEDULE OF FORMS AND ENDORSEMENTS

# **Allstate Insurance Company**

Named Insured PACIFIC PALMS HOA C-O HILL TOP

Effective Date: 08-29-14

12:01 A.M., Standard Time

Agent Name JORDIE J. FULLER

CRIME FORMS AND ENDORSEMENTS

DC CW 01	01-10	CRIME AND FIDELITY DEC (COMML ENTITIES)
*CR 00 21	05-06	COMM'L CRIME COV FORM (LOSS SUSTAINED)
*CR 20 12	08-07	BINDING ARBITRATION

\* These forms are part of this policy but are not printed





### **SCHEDULE OF LOCATIONS**

# **Allstate Insurance Company**

Named Insured PACIFIC PALMS HOA C-O HILL TOP

Effective Date: 08-29-14

12:01 A.M., Standard Time

Agent Name JORDIE J. FULLER

	e JORDIE J. FUL		·
Loc. Bld No. No	ıg.   0.	Designated Locations (Address, City, State, Zip Code)	Occupancy
01 00	1 4010 IOWA ST 92104	, 4010-4018 IOWA ST, SAN DIEGO, CA	CONDO







### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### **AMENDATORY ENDORSEMENT**

This endorsement modifies insurance provided under the following:

### **COMMON POLICY CONDITIONS FORM IL 00 17**

The following provisions have been added:

What Law Will Apply

property or risks principally located in	the State of	Cal	ifornia	Subject	— t to the following
paragraph, the laws of the State of					
disputes in any way related to this pol			0.1.4.1 g 0.10.11.1	any and an	Jianno O
If a covered loss to property, or any o	ther accidental ev	ent for wh	ich coverage appl	ies under th	is policy
happens outside the State of	California		, claims or dispute		
to property, or any other covered acci covered loss to property, or other cov apply in the absence of a contractual of	ered accidental ev	vent happe	ened, only if the la		
Where Lawsuits May Be Brought					
Subject to the following two paragrap	hs, any and all lav	vsuits in a	ny way related to t	his policy, s	shall be brough
heard and decided only in a state or fo				Califor	
Any and all lawsuits against persons i	not parties to this	policy but	involved in the sa		
performance, or alleged breach of this	s policy, or otherw	rise related	I to this policy, sh	all be broug	ht, heard and
performance, or alleged breach of this decided only in a state or federal cour such persons are subject to or conse	rt located in the St	ate of	Californ	ia	
decided only in a state or federal cour	rt located in the St ant to suit in the co	ate of ourts speci	Califorr fied in this paragr	nia aph.	_, provided tha
decided only in a state or federal cour such persons are subject to or conse If a covered loss to property, or any of happens outside the State of	rt located in the St int to suit in the co other accidental ev California	ate of ourts speci vent for wh	Califorr fied in this paragr ich coverage appl , lawsuits regardir	nia aph. lies under th	_, provided than is policy red loss to
decided only in a state or federal cour such persons are subject to or conse If a covered loss to property, or any of	rt located in the St int to suit in the co other accidental ev California ental event may als	ate of ourts speci rent for what so be brou	Califorr fied in this paragr ich coverage appl , lawsuits regardir ght in the judicial	nia aph. lies under th	_, provided than is policy red loss to
decided only in a state or federal cour such persons are subject to or conse  If a covered loss to property, or any of happens outside the State of property, or any other covered accided.	rt located in the St ent to suit in the co other accidental ev California ental event may als d accidental event	rate of	Califorr fied in this paragr ich coverage appl , lawsuits regardir ght in the judicial	nia aph. lies under th ng that cove district when	_, provided than his policy red loss to re that covered
decided only in a state or federal coursuch persons are subject to or conse  If a covered loss to property, or any of happens outside the State of property, or any other covered accide loss to property, or any other covered Nothing in this provision, Where Laws	rt located in the St ent to suit in the co other accidental ev California ental event may als d accidental event	rate of	Califorr fied in this paragr ich coverage appl , lawsuits regardir ght in the judicial	nia aph. lies under th ng that cove district when	_, provided that his policy red loss to re that covered





POLICY NUMBER: 648667044

IL 09 85 01 08

THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.

# DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

#### **SCHEDULE**

Terrorism Premium (Certified Acts) \$ 80.00
This premium is the total Certified Acts premium attributable to the following Coverage Part(s), Coverage Form(s) and/or Policy(s):
Additional information, if any, concerning the terrorism premium:

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

### A. Disclosure Of Premium

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

### B. Disclosure Of Federal Participation In Payment Of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

### C. Cap On Insurer Participation In Payment Of Terrorism Losses

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.



BU114R-3



### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# CALIFORNIA CHANGES – CANCELLATION AND NONRENEWAL

This endorsement modifies insurance provided under the following:

CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART
COMMERCIAL AUTOMOBILE COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART
CRIME AND FIDELITY COVERAGE PART
EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART
EQUIPMENT BREAKDOWN COVERAGE PART
FARM COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
MEDICAL PROFESSIONAL LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

A. Paragraphs 2. and 3. of the Cancellation Common Policy Condition are replaced by the following:

### 2. All Policies In Effect For 60 Days Or Less

If this policy has been in effect for 60 days or less, and is not a renewal of a policy we have previously issued, we may cancel this policy by mailing or delivering to the first Named Insured, at the mailing address shown in the policy, and to the producer of record, advance written notice of cancellation, stating the reason for cancellation, at least:

- a. 10 days before the effective date of cancellation if we cancel for:
  - (1) Nonpayment of premium; or
  - (2) Discovery of fraud by:
    - (a) Any insured or his or her representative in obtaining this insurance; or
    - (b) You or your representative in pursuing a claim under this policy.
- b. 30 days before the effective date of cancellation if we cancel for any other reason.

### 3. All Policies In Effect For More Than 60 Days

- a. If this policy has been in effect for more than 60 days, or is a renewal of a policy we issued, we may cancel this policy only upon the occurrence, after the effective date of the policy, of one or more of the following:
  - (1) Nonpayment of premium, including payment due on a prior policy we issued and due during the current policy term covering the same risks.
  - (2) Discovery of fraud or material misrepresentation by:
    - (a) Any insured or his or her representative in obtaining this insurance; or
    - (b) You or your representative in pursuing a claim under this policy.
  - (3) A judgment by a court or an administrative tribunal that you have violated a California or Federal law, having as one of its necessary elements an act which materially increases any of the risks insured against.





C. The following is added and supersedes any provisions to the contrary:

#### Nonrenewal

 Subject to the provisions of Paragraphs C.2. and C.3. below, if we elect not to renew this policy, we will mail or deliver written notice, stating the reason for nonrenewal, to the first Named Insured shown in the Declarations, and to the producer of record, at least 60 days, but not more than 120 days, before the expiration or anniversary date.

We will mail or deliver our notice to the first Named Insured, and to the producer of record, at the mailing address shown in the policy.

### 2. Residential Property

This provision applies to coverage on real property used predominantly for residential purposes and consisting of not more than four dwelling units, and to coverage on tenants' household property contained in a residential unit, if such coverage is written under one of the following:

Commercial Property Coverage Part

Farm Coverage Part — Farm Property — Farm

Dwellings, Appurtenant Structures And

Household Personal Property Coverage Form

- a. We may elect not to renew such coverage for any reason, except as provided in b., c. and d. below.
- b. We will not refuse to renew such coverage solely because the first Named Insured has accepted an offer of earthquake coverage.
  - However, the following applies only to insurers who are associate participating insurers as established by Cal. Ins. Code Section 10089.16. We may elect not to renew such coverage after the first Named
  - Insured has accepted an offer of earthquake coverage, if one or more of the following reasons applies:
  - (1) The nonrenewal is based on sound underwriting principles that relate to the coverages provided by this policy and that are consistent with the approved rating plan and related documents filed with the Department of Insurance as required by existing law;

(2) The Commissioner of Insurance finds that the exposure to potential losses will threaten our solvency or place us in a hazardous condition. A hazardous condition includes, but is not limited to, a condition in which we make claims payments for losses resulting from an earthquake that occurred within the preceding two years and that required a reduction in policyholder surplus of at least 25% for payment of those claims;

or

- (3) We have:
  - (a) Lost or experienced a substantial reduction in the availability or scope of reinsurance coverage; or
  - (b) Experienced a substantial increase in the premium charged for reinsurance coverage of our residential property insurance policies; and

the Commissioner has approved a plan for the nonrenewals that is fair and equitable, and that is responsive to the changes in our reinsurance position.

- c. We will not refuse to renew such coverage solely because the first Named Insured has cancelled or did not renew a policy, issued by the California Earthquake Authority, that included an earthquake policy premium surcharge.
- d. We will not refuse to renew such coverage solely because corrosive soil conditions exist on the premises. This restriction (d.) applies only if coverage is subject to one of the following, which exclude loss
  - or damage caused by or resulting from corrosive soil conditions:
  - (1) Commercial Property Coverage Part Causes Of Loss Special Form; or
  - (2) Farm Coverage Part Causes Of Loss Form – Farm Property, Paragraph D. Covered Causes Of Loss – Special.
- 3. We are not required to send notice of nonrenewal in the following situations:
  - a. If the transfer or renewal of a policy, without any changes in terms, conditions or rates, is between us and a member of our insurance group.



BU114R-3



POLICY NUMBER: 648667044 IL 09 53 01 08

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# **EXCLUSION OF CERTIFIED ACTS OF TERRORISM**

This endorsement modifies insurance provided under the following:

BOILER AND MACHINERY COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART
CRIME AND FIDELITY COVERAGE PART
EQUIPMENT BREAKDOWN COVERAGE PART
FARM COVERAGE PART
STANDARD PROPERTY POLICY

#### **SCHEDULE**

The Exception Covering Certain Fire Losses (Paragraph C) applies to property located in the following state(s), if covered under the indicated Coverage Form, Coverage Part or Policy:

State(s)	Coverage Form, Coverage Part Or Policy
CA	COMMERCIAL PROPERTY COVERAGE PART
Information required to complete the	nis Schedule, if not shown above, will be shown in the Declarations.

A. The following definition is added with respect to the provisions of this endorsement:

"Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:

- The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
- 2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is 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.

**B.** The following exclusion is added:

### CERTIFIED ACT OF TERRORISM EXCLUSION

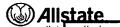
We will not pay for loss or damage caused directly or indirectly by a "certified act of terrorism". Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss.

### C. Exception Covering Certain Fire Losses

The following exception to the exclusion in Paragraph B. applies only if indicated and as indicated in the Schedule of this endorsement.

If a "certified act of terrorism" results in fire, we will pay for the loss or damage caused by that fire. Such coverage for fire applies only to direct loss or damage by fire to Covered Property. Therefore, for example, the coverage does not apply to insurance provided under Business Income and/or Extra Expense coverage forms or endorsements which apply to those forms, or to the Legal Liability Coverage Form or the Leasehold Interest Coverage Form.





# COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL DECLARATIONS

### **Allstate Insurance Company**

Named Insured PACIFIC PALMS HOA C-O HILL TOP

Effective Date: 08-29-14

								12:0	01 A.M., Standa	ard Time
			. FULLE	ER						
tem 1.		ness Desc								
tem 2		nises Desc		See Schedule o		ns				
tem 3	. \$500	Deductibl	e unless ot	herwise indicat	ed.					
tem 4		erage Prov	ided							
Loc. No.	Bldg. No.		Co	verage			Limit of surance		overed es of Loss	Coins.
001	001	BUILDIN JOISTED	G MASONRY		· · · · · · · · · · · · · · · · · · ·	\$ 1	,064,960	SPECIAL		100
	·				Other Pro	ovision	S			
	Agreed \	/alue:		Expires:		X	Replaceme	ent Cost		
	Business	s Income Ir	ndemnity: N	onthly Limit:	F	Period:	Maximum		Actual Cash \	/alue
xtens	ion of Re	ecovery Pe	riod:	Months or	Days			X	Inflation Gua	rd: 4 %
	tible: S	500		e Deductible:	•	%	Exceptions	s	J	
							шиоорион			
OC.	Bldg.	}	Co	verage			Limit of	C	overed	Coins.
Vo.	No.			veraye ————		in	surance	Caus	es of Loss	Coins.
					Other Pro	ovision	S			
	Agreed \	/alue:		Expires:			Replaceme	ent Cost		
$\sqcap$	Business	s Income Ir	ndemnity: N	onthly Limit:	F	Period:	Maximum	<u> </u>	Actual Cash \	<b>Value</b>
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						,,	LACOPHON	•		
LOC.	Bldg.	<u> </u>	<u> </u>				Limit of	С	overed	Caina
No.	No.			verage			surance	Caus	es of Loss	Coins.
	l	l			Other Pro	ovision	 S	<u> </u>		<u></u>
	Agreed \	/alue:		Expires:			Replaceme	ent Cost		······
=	•		ndemnity: M	fonthly Limit:	,	eriod·	Maximum		Actual Cash \	مر راد/
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educ		covery re			Days	3/	Fuscation	_	Inflation Gua	iu: %
Jeuuc	udie.		⊏arınqua	e Deductible:	`	%	Exception	5		
tem 5	. Forr	ns and End	dorsements							
					dicy at tim	no of ice				
-	•			a part of this po	olicy at tim	ne of is:	sue:			



THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.



# COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTAL DECLARATIONS

### **Allstate Insurance Company**

Named Insured PACIFIC PALMS HOA C-O HILL TOP

Effective Date: 08-29-2014

12:01 A.M., Standard Time

Agent Name JORDIE J. FULLER

ıœm	1.	business	Description.

Item 2. Limit	s of Insurance						
	Coverage		Limit of Liability				
Aggregate Limits of Liability		INC	LUDED	Products/Completed Operations Aggregate			
		\$	4,000,000	General Aggregate (other than Products/Completed Operations)			
Coverage A -	Bodily Injury and Property Damage Liability	\$	2,000,000	any one occurrence subject to the Products/Completed Operations and General Aggregate Limits of Liability			
	Damage To Premises Rented To You	\$	100,000	any one premises subject to the Coverage A occurrence and the General Aggregate Limits of Liability			
Coverage B -	Personal and Advertising Injury Liability	\$	2,000,000	any one person or organization subject to the General Aggregate Limits of Liability			
Coverage C -	Medical Payments	\$	5,000	any one person subject to the Coverage A occurrence and the General Aggregate Limits of Liability			

### Item 3. Retroactive Date (Not Applicable in New York)

Coverage A of this Insurance does not apply to "bodily injury" or "property damage" which occurs before the Retroactive Date, if any, shown here:

(Enter Date or "None" if no Retroactive Date applies)

### Item 4. Form of Business and Location of Premises

Forms of Business: ASSOCIATION

Location of All Premises You Own, Rent or Occupy:

See Schedule of Locations

### Item 5. Forms and Endorsements

Form(s) and Endorsement(s) made a part of this policy at time of issue:

See Schedule of Forms and Endorsements

### Item 6. Premiums

Coverage Part Premium:

\$ 364.00

Other Premium:

Total Premium: \$ 364.00



DL CW 22 01 10

Allstate Insurance Company

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.



### **COMMERCIAL GENERAL LIABILITY COVERAGE SCHEDULE**

# **Alistate Insurance Company**

Named Insured PACIFIC PALMS HOA C-O HILL TOP

Effective Date: 08-29-14 12:01 A.M., Standard Time

Agent Name JORDIE J. FULLER

Agent Name JORDIE J. FULLER			
Item 5. Location of Premises			
Location of All Premises You Own, Rent or Occupy: See Schedule of Locations			
Code No. Premium Basis 73143 Number of Units	Premises	Premises/Operations	
Location ALL Exposure 5	Rate	Premium	
Classification: Board of Managers Liability		\$ 30.00	
	Products/Completed Operations		
	Rate	Premium	
Code No. Premium Basis 6601 Number of Employees	Premises	Premises/Operations	
Location ALL Exposure 0 - 25	Rate	Premium	
Classification:	1 late	\$ 102.00	
Employee Non-Owned Auto Liability	Products/Completed Operations		
	Rate	Premium	
Code No. Premium Basis 62003 Units	Premises	Premises/Operations	
Location 001/001 Exposure 05	Rate	Premium	
Classification: CONDOMINIUMS - RESIDENTIAL -	45.394	\$ 227.00	
(ASSOCIATION RISK ONLY) (PRODUCTS-COMPLETED OPERATIONS ARE	Products/Com	Products/Completed Operations	
SUBJECT TO THE GENERAL AGGREGATE LIMIT)	Rate	Premium	
		INCL	
Code No. Premium Basis	Premises	Premises/Operations	
62003 Units			
Location 001/001 Exposure 05 Classification:	Rate	Premium	
TERRORISM	.020	\$ 5.00	
	Products/Com	Products/Completed Operations	
	Rate	Premium	





POLICY NUMBER:

648667044

**Commercial General Liability** 

AL CW 12 11 09

# CONDOMINIUM AND COOPERATIVE ASSOCIATIONS BOARD OF MANAGERS LIABILITY COVERAGE FORM SCHEDULE

- Insurance is provided subject to the limits of insurance and the deductible inserted below.
   Refer to SECTION III LIMITS OF INSURANCE and to item 4. Deductible of SECTION I COVERAGES of the coverage form for the application of these limits and the deductible.
- 2. Limits of Insurance

Limits of Insurance	Deductible Amount	
\$ 2,000,000 EACH WRONGFUL ACT	\$500 EACH WRONGFUL	ACT
\$ 4,000,000 AGGREGATE		

3. Retroactive Date

RETROACTIVE DATE:

This insurance does not apply to any "claim" from a "wrongful act" that occurred before	the
Retroactive Date, if any, shown below:	

8/29/1998



AL CW 26 11 09

# EMPLOYER'S NON-OWNERSHIP AUTOMOBILE HIRED AUTOMOBILE LIABILITY COVERAGE FORM

THIS FORM IS SUBJECT TO THE DECLARATIONS AND THE APPLICABLE GENERAL CONDITIONS, SCHEDULE AND ENDORSEMENTS OF THE POLICY THAT IT IS PART OF.

#### **SCHEDULE**

Coverage	Additional Premium
a. Employer's Non-Ownership Liability	\$ 102.00
b. Hired Automobile Liability	NOT INCLUDED

### SECTION I - COVERAGES

### 1. Insuring Agreement

Insurance is provided only for the following coverages for which a specific premium charge is shown in the Schedule.

### a. Employer's Non-Ownership Automobile Liability

"We" will pay all sums an "Insured" legally must pay as damages because of "bodily injury" or "property damage" to which this insurance applies, caused by an "accident" that occurs in the "coverage territory" and resulting from "autos" "you" do not own, lease, hire, rent or borrow that are used in connection with "your" business. This includes "autos" owned by "your" "employees" or partners or members of their households but only while used in "your" business or "your" personal affairs.

### b. Hired Automobile Liability

"We" will pay all sums an "Insured" legally must pay as damages because of "bodily injury" or "property damage" to which this insurance applies, caused by an "accident" that occurs in the "coverage territory" and resulting from the maintenance or use of a "hired auto" by "you" or "your" "employees" in the course of "your" business.

The following applies to each coverage for which a premium charge is shown in the Schedule:

"We" have the right and duty to defend any "suit" asking for these damages. However, "we" have no duty to defend "suits" for "bodily injury" or "property damage" not covered by this coverage form. "We" may investigate and settle any claim or "suit" as "we" consider appropriate. "Our" duty to defend or settle ends when the Liability Coverage Limit of Insurance has been exhausted by payment of judgments or settlements.

#### 2. Exclusions

This insurance does not apply to:

### a. Expected or intended injury

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"Bodily injury" or "property damage" resulting from the handling of property:

- (1) Before it is moved from the place where it is accepted by the "Insured" for movement into or onto the covered "auto"; or
- (2) After it is moved from the covered "auto" to the place where it is finally delivered by the "Insured".

### h. Movement of Property by Mechanical Device

"Bodily injury" or "property damage" resulting form the movement of property by a mechanical device (other than a hand truck) unless the device is attached to the covered "auto".

### i. Operations

"Bodily injury" or "property damage" arising out of the operation of:

- Any equipment listed in paragraphs f. (2) and f. (3) of the definition of "mobile equipment";
- (2) Machinery or equipment that is on, attached to, or part of, a land vehicle that would qualify under the definition of "mobile equipment" if it were not subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged.

### j. Completed Operations

"Bodily injury" or "property damage" arising out of "your" work after that work has been completed or abandoned.

In this exclusion, "your" work means:

- (1) Work or operations performed by "you" or on "your" behalf; and
- (2) Materials, parts or equipment furnished in connection with such work or operations.

"Your" work includes warranties or representations made at any time with respect to the fitness, quality, durability or performance of any of the items included in paragraphs (1) or (2) above.

"Your" work will be deemed completed at the earliest of the following times:

- (a) When all of the work called for in "your" contract has been completed;
- (b) When all of the work to be done at the site has been completed if "your" contract calls for work at more than one site:
- (c) When that part of the work done at a job site has been put to its intended use by any person or organization other than another contractor or subcontractor working on the same project.

Work that may need service, maintenance, correction, repair or replacement, but which is otherwise complete, will be treated as completed.

### k. Pollution

- "Bodily injury" or "property damage" arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants";
  - (a) That are, or that are contained in any property that is:





"We" will pay for the "Insured":

- a. All expenses "we" incur.
- b. Up to \$2,000 for cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" "we" cover. "We" do not have to furnish these bonds.
- c. The cost of bonds to release attachments in any "suit" "we" defend, but only for bond amounts within "our" Limit of Insurance.
- d. All reasonable expenses incurred by the "Insured" at "our" request, including actual loss of earnings up to \$ 250 a day because of time off from work.
- e. All costs taxed against the "Insured" in any "suit" "we" defend. However, these payments do not include attorneys' fees or attorneys' expenses taxed against the "Insured".
- f. All interest on the full amount of any judgment that accrues after entry of the judgment in any "suit" "we" defend; but "our" duty to pay interest ends when "we" have paid, offered to pay or deposited in court the part of the judgment that is within "our" Limit of Insurance.

These payments will not reduce the Limit of Insurance.

### 4. Out of State Coverage Extensions

While a covered "auto" is away from the state where it is licensed, "we" will:

- a. Increase the Limit of Insurance for Liability Coverage to meet the limit or limits specified by a compulsory or financial responsibility law in the jurisdiction where the covered "auto" is being used. This extension does not apply to the limit or limits specified by any law governing motor carriers of passengers or property.
- b. Provide the minimum amounts and types of other coverages, such as no-fault, required of out of state vehicles by the jurisdiction where the covered "auto" is being used.

"We" will not pay anyone more than once for the same elements of "loss" because of these extensions.

### SECTION II - WHO IS AN INSURED

- Each of the following is an "Insured" under this insurance to the extent set forth below:
  - a. "You".
  - b. For Non-ownership Automobile Liability coverage, any of "your" partners or executive officers, but only while such "non-owned auto" is being used in "your" business.
  - For Hired Automobile Liability coverage, any other person using a "hired auto" with "your" permission.
  - d. Any other person or organization, but only with respect to their liability because of acts or omissions of an "Insured" under a. or b. above.
- 2. None of the following is an "Insured":
  - Any person engaged in the business of his or her employer with respect to bodily injury to any co-"employee" of such person injured in the course of employment.
  - b. Any partner or executive office with respect to any "auto" owned by such partner or officer or a member of his or her household.



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If any person or organization to or for whom "we" make payment under this coverage form has rights to recover damages from another, those rights are transferred to "us". That person or organization must do everything necessary to secure "our" rights and must do nothing after "accident" or "loss" to impair them.

### 4. Bankruptcy

Bankruptcy or insolvency of the "Insured" or the "Insured's" estate will not relieve "us" of any obligations under this coverage form.

#### 5. Other Insurance

Under Non-ownership Automobile Liability coverage, for any covered "auto" "you" don't own, the insurance provided by this coverage form is excess over any valid and collectible insurance available to the "Insured".

Under Hired Automobile Liability coverage, for any "hired auto", the insurance provided by this coverage form is excess over any valid and collectible insurance available to the "Insured".

### SECTION V - DEFINITIONS

1. "Accident" includes continuous or repeated exposure to the same conditions resulting in "bodily injury" or "property damage".

### 2. "Auto" means:

- a. A land motor vehicle, "trailer" or semitrailer designed for travel on public roads; or
- Any other land vehicle that is subject to a compulsory or financial responsibility law where it is licensed or principally garaged.

However, "auto" does not include "mobile equipment".

- 3. "Bodily injury" means bodily injury, sickness or disease sustained by a person including death resulting from any of these.
- 4. "Coverage territory" means the United States of America (including its territories and possessions), Puerto Rico and Canada.
- 5. "Employee" includes a "leased worker". "Employee" does not include a "temporary worker".
- 6. "Hired auto" means only those "autos" "you" lease, hire or borrow. This does not include any "auto" "you" lease, hire, rent or borrow from any of "your" "employees" or partners or members of their households, or from any of "your" partners or executive officers.
- "Insured" means any person or organization qualifying as an "Insured" in SECTION II, WHO IS AN INSURED provision.

### 8. 'Insured contract" means

- a. A lease of premises:
- b. A sidetrack agreement;
- c. Any easement or license agreement except in connection with construction or demolition operations on or within 50 feet of a railroad:





- f. Vehicles not described in paragraphs a., b., c. or d. above maintained primarily for purposes other than the transportation of persons or cargo. However, self-propelled vehicles with the following types permanently attached equipment are not "mobile equipment" but will be considered "autos":
  - (1) Equipment designed primarily for:
    - (a) Snow removal;
    - (b) Road maintenance, but not construction or resurfacing; or
    - (c) Street cleaning;
  - (2) Cherry pickers and similar devices mounted on automobile or truck chassis and used to raise or lower workers; and
  - (3) Air compressors, pumps and generators, including spraying, welding, building cleaning, Geophysical exploration, lightning or well servicing equipment.

However, "mobile equipment" does not include land vehicles that are subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged. Land vehicles subject to a compulsory or financial responsibility law or other motor vehicle insurance law are considered "autos".

- 12. "Named Insured" shall be only the "Insured" named in the Declarations.
- 13. 'Non-owned auto" means any "auto" "you" do not own, lease, hire or borrow which is used in connection with "your" business. However, if "you" are a partnership, a "non-owned auto" does not include any "auto" owned by any partner.
- 14. "Pollutants" means any solid, liquid, gaseous, or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.
- 15. "Property damage" means damage to or loss of use of tangible property.
- 16. "Suit" means a civil proceeding in which damages because of "bodily injury" or "property damage" to which this insurance applies are alleged. "Suit" includes an arbitration proceeding alleging such damages to which "you" must submit or submit with "our" consent.
- 17. "Temporary worker" means a person who is furnished to "you" as a substitute for a permanent "employee" on leave or to meet seasonal or short-term workload conditions.
- 18. "Trailer" includes semitrailer.
- 19. "We", "us" and "our" refer to the company providing this insurance.
- 20. "You" and "your" refer to the "Named Insured" shown in the Declarations.





# CONDOMINIUM AND COOPERATIVE ASSOCIATIONS BOARD OF MANAGERS LIABILITY COVERAGE FORM

THIS FORM IS SUBJECT TO THE DECLARATIONS AND THE APPLICABLE GENERAL CONDITIONS, SCHEDULES AND ENDORSEMENTS OF THE COMMERCIAL PACKAGE POLICY TO WHICH THIS COVERAGE PART IS ATTACHED.

### THIS IS A CLAIMS-MADE FORM WITH AN EXTENDED REPORTING PERIOD OPTION.

#### PLEASE READ CAREFULLY.

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the Declarations, and any other person or organization qualifying as a Named Insured under this policy. The words "we", "us" and "our" refer to the company providing this insurance.

The word "insured" means any person or organization qualifying as such under SECTION II – WHO IS AN INSURED. Other words and phrases that appear in quotation marks have special meaning. Refer to SECTION V –DEFINITIONS.

#### SECTION I - COVERAGES

### 1. Insuring Agreement

a. We will pay those sums that the insured becomes legally obligated to pay as damages because of any "wrongful act" to which this insurance applies. We will have the right and duty to defend any "suit" seeking those damages. We will also have the right and duty to defend against any "claim" or "suit" arising from any "wrongful act" seeking equitable relief rather than, or in addition to, monetary damages. No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for in 3. Supplementary Payments.

The following provisions also apply to this insuring agreement:

- The amount we will pay for damages is limited as described in SECTION III LIMITS OF INSURANCE;
- (2) We may at our discretion investigate and settle any "claim" or "suit" that may result from a covered "wrongful act";
- (3) Our right and duty to defend end when we have used up the applicable limit of insurance in the payment of judgments or settlements; and
- (4) We will have no duty to defend the insured against any "suit" to which this insurance does not apply; but this statement shall not apply to exclusions g. and i. of this coverage form.
- b. This insurance applies to any "wrongful act" committed on or after the Retroactive Date, if any, shown in the coverage form schedule, and then only if a "claim" or "suit" is brought during the policy period or any applicable extended reporting period.





- e. Prejudgment interest awarded against the insured on the part of that judgment we pay. If we make an offer to pay the applicable limit of insurance, we will not pay any prejudgment interest based on that period of time after the offer;
- f. All interest on the full amount of any judgment that accrues after entry of the judgment and before we have paid, offered to pay, or deposited in court the part of the judgment that is within the applicable limit of insurance.

These payments will not reduce the limits of insurance.

### 4. Deductible

- a. Our obligation to pay damages on your behalf applies only to the amount of damages in excess of any deductible amounts stated in the Schedule. The limits of insurance will not be reduced by the amount of such deductible.
- b. We may pay any part or all of the deductible amount to effect settlement of any "claim" or "suit" and, upon notification of the action taken, you shall promptly reimburse us for such part of the deductible amount as has been paid by us.

#### SECTION II - WHO IS AN INSURED

- 1. Each of the following is an insured:
  - a. Your "Board of Managers" collectively, and each member of such "Board of Managers", individually while acting in his or her capacity as a member of the "Board of Managers";
  - b. You, because of your liability for any "wrongful act" of the "Board of Managers";
  - You, for "claims" for which you may be obligated to indemnify your directors and officers of the "Board of Managers";
  - d. Persons, and their legal representatives, who are no longer directors or officers of the "Board of Managers", but who were at the time when the covered "wrongful act" upon which a "claim" is based was committed;
  - e. Any person or organization acting as a real estate property manager for the Named Insured while performing real estate management duties as prescribed under a written contractual agreement for the Named Insured, but only with respect to liability for any "wrongful act" committed by any other persons or organizations that qualify as an insured under this provision; and
  - f. Any unit owner, except builders and developers of the association's properties, appointed to a committee of the association by the "Board of Managers", but only while acting in his or her capacity as a committee member.

### **SECTION III – LIMITS OF INSURANCE**

- 1. The limits of insurance shown in the Schedule and the rules below fix the most we will pay regardless of the number of:
  - a. Insureds;
  - b. "Claims" made or "suits" brought; or
  - c. Persons or organizations making "claims" or bringing "suits".
- 2. The each "wrongful act" limit is the most we will pay for damages from any one "wrongful act" regardless of the number of claimants.





also primary. Then, we will share with all other available insurance by the method described in item 4. c. Method of Sharing below.

### b. Excess Insurance

This insurance is excess over any other insurance, whether primary, excess, contingent, or on any other basis that is effective prior to the beginning of the policy period shown in the Declarations and applies to damages on other than a claims-made basis.

When this insurance is excess, we will have no duty to defend any "claim" or "suit" that any other insurer has a duty to defend. If no other insurer defends, we will undertake to do so, but we will be entitled to the Insured's rights against all those other insurers.

When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:

- (1) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
- (2) The total of all deductible and self-insured amounts under all that other insurance.

We will share the remaining loss, if any, with any other insurance that is not described in this excess insurance provision and was not bought specifically to apply in excess of the limits of insurance shown in the applicable Schedule(s).

### c. Method of Sharing

If all of the other insurance permits contribution by equal shares, we will follow this method also. Under this approach, each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

### Separation of Insureds

Except with respect to the limits of insurance, and any rights or duties specifically assigned to the first Named Insured, this insurance applies:

- a. As if each Named Insured were the only Named Insured; and
- Separately to each insured against whom a "claim" is made or "suit" is brought.

### 6. Special verdict

If a "claim" for damages results in a "suit", you agree upon our request to demand a special verdict in lieu of a general verdict. Special verdict means the identification of each cause of action, which is alleged against the insured and the damages attributable to each cause of action.

### **SECTION V - DEFINITIONS**

- 1. "Bodily injury" means bodily injury, sickness, or disease sustained by a person, including death, resulting from any of these at any time.
- "Board of Managers" means any "Board of Managers" and other similar administrative body of the Named Insured and officers and directors thereof, if holding an ownership interest and duly elected by the owners of a condominium or cooperative to serve as the managing body of the entity.





For the purpose of this provision, our failure to offer to renew this policy at the same rates or with the same form will not constitute cancellation or non-renewal by us.

All other policy terms, conditions, and exclusions apply.





POLICY NUMBER: 648667044

CRIME AND FIDELITY
DC CW 01 01 10

# Allstate Insurance Company CRIME AND FIDELITY COVERAGE PART DECLARATIONS (COMMERCIAL ENTITIES)

The Crime And Fidelity Coverage Part (Commercial Entities) consists of this Declarations Form and the Commercial Crime Coverage Form. Coverage Is Written: X Primary **Excess** Coindemnity Concurrent Employee Benefit Plan(s) Included As Insureds: Limit Of Insurance **Deductible Amount** Per Occurrence Per Occurrence **Insuring Agreements** 1. Employee Theft 10,000 250 2. Forgery Or Alteration Not Covered 3. Inside The Premises - Theft Of Money And Ŝ 10,000 **Securities** 4. Inside The Premises - Robbery Or Safe Burglary Not Covered Of Other Property 5. Outside The Premises Ŝ 5,000 6. Computer Fraud Not Covered 7. Funds Transfer Fraud Not Covered 8. Money Orders And Counterfeit Money Not Covered If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this policy is deleted. If Added By Endorsement: **Limit Of Insurance Deductible Amount** Insuring Agreement(s) Per Occurrence Per Occurrence Endorsements Forming Part Of This Coverage Part When Issued: SEE SCHEDULE OF FORMS AND ENDORSEMENTS





Cancellation Of Prior Insurance Issued By Us:

By acceptance of this Coverage Part you give us notice cancelling prior policy Nos.

the cancellation to be effective at the time this Coverage Part becomes effective.

Countersignature Of Authorized Representative

Name:

JORDIE J. FULLER

Title:

Signature: JORDIE J. FULLER

Date: 06-17-14



# Thank you for being a loyal Allstate Insurance Company customer - we're delighted to have you with us!

Dear Valued Customer,

### Here's Your Allstate Business Insurance Renewal Offer

We're pleased to offer to continue your Allstate policy for another twelve months, so you can keep getting:

- Quality coverage at competitive prices
- · Access to our knowledgeable, helpful agent network
- The peace of mind of knowing your insurance provider is one of the most experienced in the industry

### What's In This Package?

This package contains your insurance documents, including your Renewal Declarations Page—which lists your coverages, coverage limits, premiums and any discounts you're receiving. You'll want to review the Declarations Page to make sure you're comfortable with the coverage choices you've made. Keep in mind that policy documents may change, so you should carefully review them at each renewal.

### Your Billing And Renewing

We will send you a payment notice in a separate mailing, which will list several convenient payment options. Please mail your payment to us by the due date indicated to ensure that you're protected.

Renewing your coverage is simple—just make sure we receive the required premium payment when it's due.

### **Have Questions?**

Feel free to give your Allstate representative a call if you have any questions or if you see something that needs updating—coverages, limits, deductibles. Your Allstate representative will be happy to provide you with any additional information.

### We Appreciate Your Business

Thank you for choosing Allstate. We appreciate the opportunity to help you protect what you have today and help prepare you for the future.

Sincerely,

Michael Barton President

Allstate Business Insurance Allstate Insurance Company

Muhal B. A.

**Enclosures** 



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### **IMPORTANT NOTICE**

The premium for your insurance policy is based on a variety of factors, including information you have given us. Factors which can affect your premium include, for example, how many buildings at the same location that are covered by your policy, the age of the buildings, and the type of construction. It is important that you notify us if the information upon which your premium is based is incorrect, incomplete, or changes. For example, improvements to loss control and prevention methods such as improving your sprinkler system, could reduce your premium. We encourage you to contact your agent from time to time to help ensure that you are receiving any premium reductions for which you may qualify.

We are pleased that you've chosen Allstate to help protect your business. Please note that this Important Notice provides only a general description of factors that apply or items that may reduce your premium. If you have any questions about these factors or items that may reduce your premium, please contact your Allstate agent.





# CALIFORNIA PREMIUM REFUND DISCLOSURE NOTICE

In accordance with CAL. INS. CODE § 481.(c), we are notifying you that in the event that the first Named Insured cancels the insurance policy, we shall retain 10% of the unearned premium. The premium refunded to you will therefore be calculated as 90% of the pro rata unearned premium.

However, the penalty set forth in the preceding paragraph will not apply under the following circumstances, even if the first Named Insured cancels the policy:

- 1. The Insured(s) no longer has a financial or insurable interest in the property or business operation that is the subject of insurance; or
- 2. The policy is rewritten in the same insuring company or company group.





# Important Payment Information - Please Read Carefully.

# Ways to pay

Choose the payment option that best meets your needs.

Pay your premium in full The amount to pay in full will be shown on your bill.

Pay in installments You will be sent a bill each month. The minimum amount due on each billing statement will include a \$3.50 installment fee. You can choose to pay more towards your premium, but the monthly installment fee will still apply.

Pay using the Alistate Easy Pay Plan You can have the payment automatically deducted from your checking or savings account using the Alistate Easy Pay Plan. There is a \$1.00 installment fee for each Alistate Easy Pay Plan payment.

Pay using your Credit Card You can have your payment automatically taken from credit card each month using reoccurring credit card payment. There is a \$3.50 installment fee for Credit Card payments.

