

Policy Number
648667044

COMMON POLICY DECLARATIONS
Allstate Insurance Company
 2775 Sanders Road, Northbrook, IL 60062
A STOCK INSURANCE COMPANY

Item 1. Named Insured and Mailing Address	Agent Name and Address
PACIFIC PALMS HOA C/O (SEE NAMED INSURED ENDT) PO BOX 34398 SAN DIEGO CA 92163-4398	JORDIE J. FULLER 5790 MIRAMAR RD #210 SAN DIEGO CA 92121
Item 2. Policy Period	From: 08-29-2018 To: 08-29-2019
at 12:01 A.M., Standard Time at your mailing address shown above.	
Item 3. Business Description: CONDO HOA	
Form of Business: ASSOCIATION	
Item 4. In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.	
This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.	
Coverage Part(s)	Premium
Commercial Property Coverage Part	\$ 1,374.00
Commercial General Liability Coverage Part	\$ 381.00
Crime and Fidelity Coverage Part	\$ 205.00
Commercial Inland Marine Coverage Part	
Commercial Auto (Business or Truckers) Coverage Part	
Commercial Garage Coverage Part	
Terrorism Risk Insurance Act Coverage	\$ 121.00
Total Policy Premium	\$ 2,081.00
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	

SEE THE IMPORTANT PAYMENT INFORMATION FORM FOR DETAILS ABOUT PAYMENT OPTIONS

Countersigned:

 Date: 06-15-18

 By: JORDIE J. FULLER
 Authorized Representative


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.

Policy Number
648667044

SCHEDULE OF NAMED INSURED(S)
Allstate Insurance Company

Named Insured PACIFIC PALMS HOA C/O

Effective Date: 08-29-18
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
CEOSD.NET



Important Payment Information – Please Read Carefully.

Total Premium for the Policy Period

If you pay in installments*	\$2,081.00
If you pay in full (includes FullPay® Discount)**	\$1,869.00

Choose one of the following types of payment plans that best meets your needs:

* **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. The installment fee may vary by payment method – see below. You can choose to pay more toward your premium, but the monthly installment fee will still apply.

** **Pay your premium in full and receive the FullPay® Discount.** The amount to pay in full is shown above and will appear on your initial invoice for renewals only. To qualify for this discount on a new business policy, the policy must be paid in full at the time the policy was bound/issued. To qualify for this discount on a renewal policy, the policy must be paid in full by the effective date of the policy. This discount is not applicable to Umbrella or Excess policies. Other restrictions may apply.

Ways to pay

- **Pay using the Allstate® Easy Pay Plan.** You can have the payment automatically deducted from your checking account using the Allstate® Easy Pay Plan. There is a \$1.00 installment fee for each Allstate® Easy Pay Plan payment. (You may be eligible for an Allstate® Easy Pay Plan discount – contact your Allstate representative.)
- **Pay using Recurring Credit Card (RCC).** You can have your payment automatically taken from your credit card each month with recurring credit card payments. There is a \$3.50 installment fee for each Recurring Credit Card payment.
- **Call or Visit your Allstate Agent or Send by Mail.** You may pay your bill by mail or contact your Allstate representative to pay using a one-time electronic check, check, credit or branded debit card.
- **On-Line Banking.** Be sure to enter [account number] as the account number and P.O. BOX 4344, Carol Stream, IL 60197-4344 as the payment address.

Note: If you are on Allstate® Easy Pay Plan or Recurring Credit Card your automatic deductions will be scheduled based on the payment plan currently applied to your policy. You must contact your agent to change your payment plan.





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 Northbrook, Illinois

Mary Jovita McGinn

Secretary

Thomas J. Wilson

President

Countersigned by : JORDIE J. FULLER, Authorized Representative



AM CW 02 11 09

Allstate Insurance Company

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



Policy Number
648667044

SCHEDULE OF FORMS AND ENDORSEMENTS
Allstate Insurance Company

Named Insured PACIFIC PALMS HOA C/O

Effective Date: 08-29-18
12:01 A.M., Standard Time

Agent Name JORDIE J. FULLER

COMMON POLICY FORMS AND ENDORSEMENTS

DM CW 02	01-10	COMMON POLICY DECLARATIONS
DM CW 03	01-10	SCHEDULE OF NAMED INSURED(S)
XM CW 13	02-15	IMPORTANT PAYMENT INFORMATION
AM CW 02	11-09	WITNESS CLAUSE
DM CW 12	01-10	SCHEDULE OF FORMS AND ENDORSEMENTS
DM CW 14	01-10	SCHEDULE OF LOCATIONS
AM CW 01	11-09	AMENDATORY ENDORSEMENT
*IL 00 17	11-98	COMMON POLICY CONDITIONS
*IL 00 21	09-08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDT
IL 09 85	01-15	DISCLOSURE PURSUANT/TERROR RISK INS ACT
*AM CA 03	11-09	CALIFORNIA INDEPENDENT COUNSEL ENDT
*IL 01 02	05-05	CALIFORNIA CHANGES - ACTUAL CASH VALUE
*IL 01 03	09-07	CALIFORNIA CHANGES - ACTUAL CASH VALUE
*IL 01 04	09-07	CALIFORNIA CHANGES
*IL 02 70	09-12	CA CHANGES - CANCELLATION & NONRENEWAL
*IL 00 03	09-08	CALCULATION OF PREMIUM
*IL 09 35	07-02	EXCL OF CERTAIN COMPUTER- RELATED LOSSES
*IL 09 52	01-15	CAP/LOSSES FROM CERTIFIED ACTS OF TERROR

PROPERTY FORMS AND ENDORSEMENTS

DP CW 12	01-10	COMM PROPERTY COV PART SUPP DEC
*CP 00 17	06-07	CONDOMINIUM ASSOCIATION COVERAGE FORM
*CP 00 90	07-88	COMMERCIAL PROPERTY CONDITIONS
*HP CW 03	11-09	EQUIPMENT BREAKDOWN COVERAGE FORM
*CP 02 99	06-07	CANCELLATION CHANGES
*CP 01 40	07-06	EXCL OF LOSS DUE TO VIRUS OR BACTERIA
*CP 04 49	12-05	CALIFORNIA CHANGES-REPLACEMENT COST
*CP 10 30	06-07	CAUSES OF LOSS - SPECIAL FORM
*CP 10 32	08-08	WATER EXCLUSION ENDORSEMENT

GENERAL LIABILITY FORMS AND ENDORSEMENTS

DL CW 22	01-10	COMM GENERAL LIABILITY COVERAGE SUPP DEC
DL CW 12	01-10	COMM GENERAL LIABILITY COVERAGE SCHEDULE
*CG 00 01	12-07	COMMERCIAL GENERAL LIABILITY COV FORM
*CG 00 68	05-09	RECRDG AND DISTRB OF MATRL OR INFO EXCL
AL CW 12	11-09	BOARD OF MANAGERS FORM SCHEDULE
AL CW 26	11-09	ENOC AND HIRED AUTO COVERAGE FORM
*AL CW 11	11-09	BOARD OF MANAGERS COVERAGE FORM
*AL CW 01	11-09	EXCLUSION ASBESTOS
*CG 20 04	11-85	ADDL INSD-CONDOMINIUM UNIT OWNERS
*CG 21 46	07-98	ABUSE OR MOLESTATION EXCLUSION
*CG 21 47	12-07	EMPLOYMENT-RELATED PRACTICES EXCLUSION
*CG 21 49	09-99	TOTAL POLLUTION EXCL ENDT
*CG 21 67	12-04	FUNGI OR BACTERIA EXCLUSION
*CG 21 71	01-15	EXCL OTHR ACTS OF TERROR O/S US
*CG 21 96	03-05	SILICA OR SILICA-RELATED DUST EXCLUSION
*CG 24 02	12-04	BINDING ARBITRATION



Policy Number
648667044

SCHEDULE OF FORMS AND ENDORSEMENTS

Allstate Insurance Company

Named Insured PACIFIC PALMS HOA C/O

Effective Date: 08-29-18
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



Policy Number
648667044

SCHEDULE OF LOCATIONS
Allstate Insurance Company

Named Insured PACIFIC PALMS HOA C/O

Effective Date: 08-29-18
12:01 A.M., Standard Time

Agent Name JORDIE J. FULLER

Loc. No.	Bldg. No.	Designated Locations (Address, City, State, Zip Code)	Occupancy
001	001	4010 IOWA ST, 4010-4018 IOWA ST, SAN DIEGO, CA 92104	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

This policy is issued in accordance with the laws of the State of California and covers property or risks principally located in the State of California. Subject to the following paragraph, the laws of the State of California shall govern any and all claims or disputes in any way related to this policy.

If a covered loss to property, or any other accidental event for which coverage applies under this policy happens outside the State of California, claims or disputes regarding that covered loss to property, or any other covered accidental event may be governed by the laws of the jurisdiction in which that covered loss to property, or other covered accidental event happened, only if the laws of that jurisdiction would apply in the absence of a contractual choice of law provision such as this.

Where Lawsuits May Be Brought

Subject to the following two paragraphs, any and all lawsuits in any way related to this policy, shall be brought, heard and decided only in a state or federal court located in the State of California. Any and all lawsuits against persons not parties to this policy but involved in the sale, administration, performance, or alleged breach of this policy, or otherwise related to this policy, shall be brought, heard and decided only in a state or federal court located in the State of California, provided that such persons are subject to or consent to suit in the courts specified in this paragraph.

If a covered loss to property, or any other accidental event for which coverage applies under this policy happens outside the State of California, lawsuits regarding that covered loss to property, or any other covered accidental event may also be brought in the judicial district where that covered loss to property, or any other covered accidental event happened.

Nothing in this provision, **Where Lawsuits May Be Brought**, shall impair any party's right to remove a state court lawsuit to a federal court.

All other policy terms, conditions, and exclusions apply.



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

SCHEDULE – PART I
Terrorism Premium (Certified Acts) \$121.00 This premium is the total Certified Acts premium attributable to the following Coverage Part(s), Coverage Form(s) and/or Policy(ies): Additional information, if any, concerning the terrorism premium:
SCHEDULE – PART II
Federal share of terrorism losses <u>82%</u> % Year: 20 <u>18</u> (Refer to Paragraph B. in this endorsement.)
Federal share of terrorism losses <u>81%</u> % Year: 20 <u>19</u> (Refer to Paragraph B. in this endorsement.)
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 a percentage (as shown in Part II of the Schedule of this endorsement or in the policy Declarations) 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 calendar year, 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 calendar year 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.



Policy Number
648667044

COMMERCIAL PROPERTY COVERAGE PART
SUPPLEMENTAL DECLARATIONS

Allstate Insurance Company

Named Insured **PACIFIC PALMS HOA C/O**

Effective Date: **08-29-18**
 12:01 A.M., Standard Time

Agent Name **JORDIE J. FULLER**

Item 1. Business Description: CONDO HOA

Item 2. Premises Described: See Schedule of Locations

Item 3. \$500 Deductible unless otherwise indicated.

Item 4. Coverage Provided

Loc. No.	Bldg. No.	Coverage	Limit of Insurance	Covered Causes of Loss	Coins.
001	001	BUILDING FRAME	\$ 1,294,230	SPECIAL	100

Other Provisions

Agreed Value: Expires: **Replacement Cost**
 Business Income Indemnity: Monthly Limit: Period: Maximum **Actual Cash Value**
 Extension of Recovery Period: Months or Days **Inflation Guard: 6 %**
 Deductible: \$ 500 Earthquake Deductible: % Exceptions

Loc. No.	Bldg. No.	Coverage	Limit of Insurance	Covered Causes of Loss	Coins.

Other Provisions

Agreed Value: Expires: **Replacement Cost**
 Business Income Indemnity: Monthly Limit: Period: Maximum **Actual Cash Value**
 Extension of Recovery Period: Months or Days **Inflation Guard: %**
 Deductible: Earthquake Deductible: % Exceptions

Loc. No.	Bldg. No.	Coverage	Limit of Insurance	Covered Causes of Loss	Coins.

Other Provisions

Agreed Value: Expires: **Replacement Cost**
 Business Income Indemnity: Monthly Limit: Period: Maximum **Actual Cash Value**
 Extension of Recovery Period: Months or Days **Inflation Guard: %**
 Deductible: Earthquake Deductible: % Exceptions

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



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

Policy Number
648667044
COMMERCIAL GENERAL LIABILITY COVERAGE PART
SUPPLEMENTAL DECLARATIONS
Allstate Insurance Company

 Named Insured **PACIFIC PALMS HOA C/O**

 Effective Date: **08-29-2018**
12:01 A.M., Standard Time

 Agent Name **JORDIE J. FULLER**
Item 1. Business Description: CONDO HOA
Item 2. Limits of Insurance

Coverage	Limit of Liability	
Aggregate Limits of Liability	INCLUDED	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: **\$ 386.00**

Other Premium:

 Total Premium: **\$ 386.00**

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

Policy Number
648667044
COMMERCIAL GENERAL LIABILITY COVERAGE SCHEDULE
Allstate Insurance Company

Named Insured PACIFIC PALMS HOA C/O

 Effective Date: 08-29-18
 12:01 A.M., Standard Time

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	Premises/Operations	
73143	Number of Units		
Location	ALL	Exposure	5
Classification:		Rate	Premium
Board of Managers Liability			\$ 32.00
		Products/Completed Operations	
		Rate	Premium
Code No.	Premium Basis	Premises/Operations	
6601	Number of Employees		
Location	ALL	Exposure	0 - 25
Classification:		Rate	Premium
Employee Non-Owned Auto Liability			\$ 108.00
		Products/Completed Operations	
		Rate	Premium
Code No.	Premium Basis	Premises/Operations	
62003	Units		
Location	001/001	Exposure	05
Classification:		Rate	Premium
CONDOMINIUMS - RESIDENTIAL - (ASSOCIATION RISK ONLY) (PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT)		48.120	\$ 241.00
		Products/Completed Operations	
		Rate	Premium
			INCL
Code No.	Premium Basis	Premises/Operations	
62003	Units		
Location	001/001	Exposure	05
Classification:		Rate	Premium
TERRORISM		.020	\$ 5.00
		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**

1. 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

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

RETROACTIVE DATE: 8/29/1998



BU114R-3

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AL CW 12 11 09 Allstate Insurance Company

Insured Full Copy

**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	\$ 108.00
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" expected or intended from the standpoint of the "Insured".

b. Contractual Liability

Liability assumed under any contract or agreement.

But, this exclusion does not apply to liability for damages:

- (1) Assumed in a contract or agreement that is an "Insured contract" provided the "bodily injury" or "property damage" occurs subsequent to the execution of the contract or agreement; or
- (2) That the "Insured" would have in the absence of the contract or agreement.

c. Workers' Compensation

Any obligation for which the "Insured" or the "Insured's" insurer may be held liable under any workers' compensation, disability benefits or unemployment compensation law or any similar law.

d. Employee Indemnification and Employer's Liability

"Bodily injury" to:

- (1) An "employee" of the "Insured" arising out of and in the course of:
 - a. Employment by the "Insured"; or
 - b. Performing the duties related to the conduct of the "Insured's" business; or
- (2) The spouse, child, parent, brother or sister of that "employee" as a consequence of Paragraph (1) above.

This exclusion applies:

- (a) Whether or not the "Insured" may be liable as an employer or in any other capacity; and
- (b) To any obligation to share damages with or repay someone else who must pay damages because of the injury.

But this exclusion does not apply to "bodily injury" to domestic "employees" not entitled to workers' compensation benefits or to liability assumed by the "Insured" under an "Insured contract". For the purposes of the coverage form, a domestic "employee" is a person engaged in household or domestic work performed principally in connection with a residence premises.

e. Fellow Employee

"Bodily injury" to any fellow "employee" of the "Insured" arising out of and in the course of the fellow "employee's" employment or while performing duties related to the conduct of "your" business.

f. Care, Custody or Control

"Property damage" to property owned or transported by the "Insured" or in the "Insured's" care, custody or control. But this exclusion does not apply to liability assumed under a sidetrack agreement.

g. Handling of Property

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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 from 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:

- (1) Any equipment listed in paragraphs f. (2) and f. (3) of the definition of "mobile equipment"; or
- (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

- (1) "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:

- i. Being transported or towed by, or handled for movement into, onto or from, the covered "auto";
 - ii. Otherwise in the course of transit by or on behalf of the "Insured"; or
 - iii. Being stored, disposed of, treated or processed in or upon the covered "auto", or
- (b) Before the "pollutants" or any property in which the "pollutants" are contained are moved from the place where they are accepted by the "Insured" for movement into or onto the covered "auto"; or
 - (c) After the "pollutants" or any property in which the "pollutants" are contained are moved from the covered "auto" to the place where they are finally delivered, disposed of or abandoned by the "Insured".
- (2) Any loss, cost or expense arising out of any governmental direction or request that "you" test for, monitor, clean up, remove, contain, treat, detoxify or neutralize pollutants.

Paragraph 1. (a) above does not apply to fuels, lubricants, fluids, exhaust gasses or other similar "pollutants" that are needed for or result from the normal electrical, hydraulic or mechanical functioning of the covered "auto" or its parts, if:

- (a) The "pollutants" escape, seep, migrate, or are discharged, dispersed or released directly from an "auto" part designed by its manufacturer to hold, store, receive or dispose of such "pollutants"; and
- (b) The "bodily injury" or "property damage" does not arise out of the operation of any equipment listed in paragraphs f. (2) and f. (3) of the definition of "mobile equipment".

Paragraphs 1. (b) and 1. (c) of this exclusion do not apply if:

- (a) The "pollutants" or any property in which the "pollutants" are contained are upset, overturned or damaged as a result of the maintenance or use of a covered "auto"; and
- (b) The discharge, dispersal, seepage, migration, release or escape of the "pollutants" is caused directly by such upset, overturn or damage.

l. War

"Bodily injury" or "property damage" arising directly or indirectly out of:

- (1) War, including undeclared or civil war;
- (2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- (3) Insurrection, rebellion, revolution, usurped power or action taken by government authority in hindering or defending against any of these.

m. Racing

Covered "autos" while used in any professional or organized racing or demolition contest or stunting activity, or while practicing for such contest or activity. This insurance also does not apply while that covered "auto" is being prepared for such a contest or activity.

3. Supplementary Payments

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"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

1. 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.
 - c. 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":
 - a. 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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- c. Any person while employed in or otherwise engaged in duties in connection with an auto business, other than an auto business "you" operate.
- d. For Non-ownership Automobile Liability coverage, the owner of a "non-owned auto" or any agent or employee of any such owner.
- e. For Hired Automobile Liability coverage, the owner or lessee (of whom "you" are a sublessee) of a "hired auto" or any agent or "employee" of such owner or lessee.
- f. Any person or organization with respect to the conduct of any current or past partnership or joint venture that is not shown as a "Named Insured" in the Declarations.

SECTION III – LIMITS OF INSURANCE

Regardless of the number of "autos" to which this insurance applies, "Insureds", premiums paid, claims made or vehicles involved in the "accident", the most "we" will pay for all damages resulting from any one "accident" is the Limit of Insurance for Liability Coverage shown in the Schedule.

All "bodily injury" and "property damage" resulting from continuous or repeated exposure to substantially the same conditions will be considered as resulting from one "accident".

SECTION IV – ADDITIONAL CONDITIONS

1. Duties in the Event of "Accident", Claim, "Suit" or "Loss"

- a. In the event of "accident", claim, "suit" or "loss", "you" must give "us" or "our" authorized representative prompt notice of the "accident" or "loss". Include:
 - (1) How, when and where the "accident" or "loss" occurred;
 - (2) The "Insured's" name and address; and
 - (3) To the extent possible, the names and addresses of any injured persons and witnesses.
- b. Additionally, "you" and any other involved "Insured" must:
 - (1) Assume no obligation, make no payment or incur no expense without "our" consent, except at the "Insured's" own cost.
 - (2) Immediately send "us" copies of any demand, notice, summons or legal paper received concerning the claim or "suit".
 - (3) Cooperate with "us" in the investigation, settlement or defense of the claim or "suit".
- c. Except with respect to the Limit of Insurance, the coverage afforded applies separately to each "Insured" who is seeking coverage or against whom a claim or "suit" is brought.

2. Legal Action Against Us

No one may bring a legal action against "us" under this coverage form until:

- a. There has been full compliance with all the terms of this coverage form; and
- b. "We" agree in writing that the "Insured" has an obligation to pay or until the amount of that obligation has finally been determined by judgment after trial. No one has the right under this policy to bring "us" into an action to determine the "Insured's" liability.

3. Transfer of Rights of Recovery Against Others to Us

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
 - b. 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.
7. **"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;

- d. An obligation, as required by ordinance, to indemnify a municipality, *except in connection with work for a municipality*;
- e. That part of any other contract or agreement pertaining to "your" business (including an indemnification of a municipality in conjunction with work performed for a municipality) under which "you" assume the tort liability of another to pay for "bodily injury" or "property damage" to a third person or organization. Tort liability means a liability that would be imposed by law in the absence of any contract or agreement.
- f. For Hired Automobile Liability coverage, that part of any contract or agreement entered into, as part of "your" business, pertaining to the rental or lease, by "you" or any of "your" "employees", of any "auto". However, such contract or agreement shall not be considered an "insured contract" to the extent that it obligates "you" or any of "your" "employees" to pay for "property damage" to any "auto" rented or leased by "you" or any of "your" "employees".

An "insured contract" does not include that part of any contract or agreement:

- i. That indemnifies a railroad for "bodily injury" or "property damage" arising out of construction or demolition operations, within 50 feet of any railroad property and affecting any railroad bridge or trestle, tracks, roadbeds, tunnel, underpass or crossing; or
 - ii. That pertains to the loan, lease or rental of an "auto" to "you" or any of "your" "employees", if the "auto" is loaned, leased or rented with a driver; or
 - iii. That holds a person or organization engaged in the business of transporting property by "auto" for hire harmless for "your" use of a covered "auto" over a route or territory that person or organization is authorized to serve by public authority.
9. **"Leased worker"** means a person leased to "you" by a labor firm under an agreement between "you" and the labor leasing firm to perform duties related to the conduct of "your" business. "Leased worker" does not include "temporary worker".
10. **"Loss"** means direct and accidental loss or damage.
11. **"Mobile equipment"** means any of the following types of land vehicles, including any attached machinery or equipment:
- a. Bulldozers, farm machinery, forklifts and other vehicles designed for use principally off public roads;
 - b. Vehicles maintained for use solely on or next to premises "you" own or rent;
 - c. Vehicles that travel on crawler treads;
 - d. Vehicles, whether self-propelled or not maintained primarily to provide mobility to permanently mounted:
 - (1) Power cranes, shovels, loaders, diggers or drills; or
 - (2) Road construction or resurfacing equipment such as graders, scraper or rollers.
 - e. Vehicles not described in paragraphs a., b., c. or d. above that are not self-propelled and are maintained primarily to provide mobility to permanently attached equipment of the following types:
 - (1) Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting and well servicing equipment; or
 - (2) Cherry pickers and similar devices used to raise or lower workers.

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- 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.



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:

Primary
 Excess
 Coindemnity
 Concurrent

Employee Benefit Plan(s) Included As Insureds:

Insuring Agreements	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
1. Employee Theft	\$ 10,000	\$ 250
2. Forgery Or Alteration	Not Covered	
3. Inside The Premises – Theft Of Money And Securities	\$ 10,000	
4. Inside The Premises – Robbery Or Safe Burglary Of Other Property	Not Covered	
5. Outside The Premises	\$ 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:		
Insuring Agreement(s)	Limit Of Insurance Per Occurrence	Deductible Amount 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: 06-15-18





CUSTOMER NUMBER: 317232

RUN DATE: 06-15-18

JORDIE J. FULLER
5790 MIRAMAR RD #210
SAN DIEGO, CA 92121

PACIFIC PALMS HOA C/O CEOSD.NET
PO BOX 34398
SAN DIEGO, CA 92163-4398

Go green. Go paperless.

Switch to **Paperless Delivery*** and help reduce your carbon footprint. View your policy and billing documents, notifications and confirmations of payments online.

Register now through **Commercial My Account**
on Allstate.com

*State exceptions may apply



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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

Enclosures



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.

