

**PREMIUM IS < \$5000**

**INSURED**

<b>This section is for policy:</b>	<b>60067-16-38</b>
<b>Assembled-on Date:</b>	<b>08/30/19</b>
<b>Assembled-on Time:</b>	<b>01:08:16</b>
<b>Full Policy Number:</b>	<b>A6006716380019</b>
<b>Transaction Number:</b>	<b>001</b>
<b>Operator id:</b>	<b>R9956</b>

**TRANSACTION:  
RENEWAL**

CM057011 05



PO BOX 2527 ,  
Grand Rapids, MI. 49501-2527

PRODUCER# : 05 96 77 376  
VICTOR HABIB  
2151 SALVIO ST #U  
CONCORD CA 94520

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HILLER HIGHLANDS PHASE I HOA  
36 SPY GLASS HL  
OAKLAND CA 94618-2308

VICTOR HABIB  
2151 SALVIO ST #U  
CONCORD CA 94520



HILLER HIGHLANDS PHASE I HOA  
36 SPY GLASS HL  
OAKLAND CA 94618-2308



Dear Farmers® Customer,

Thank you for choosing Farmers for your Business Insurance needs.

In today's business environment, we understand that your business needs may change during the year. For example, you may acquire new equipment, adjust your staffing, add a new location, create electronic ordering and/or billing for your customers or begin offering new services.

**These changes may require updated insurance coverage for your business.**

Farmers and its agents want to help make you smarter about your insurance. To do that, we offer special services at no additional cost to you to help you ensure your business has the coverage it needs.

For example:

- Your agent will be happy to schedule a Farmers Friendly Review® with you. During this review, your agent can talk to you about available insurance discounts, potential coverage gaps, and new products that may be available to you. In addition, if there have been changes in your business since your last policy review, your premium may be eligible for additional pricing consideration.
- MysafetyPoint.com makes safety and loss control information available that may help you avoid workplace injuries and other losses.

To access this information, log onto [www.mysafetypoint.com](http://www.mysafetypoint.com), then register with your policy number and email address to find safety and loss control information that is specific to your type of business.

**ENCLOSED YOU WILL FIND YOUR POLICY DOCUMENTS. PLEASE REVIEW YOUR COVERAGES TO ENSURE THEY MEET YOUR NEEDS.**

If you have any questions, please contact your Farmers agent.

**Victor Habib**

**Email: [vhabib@farmersagent.com](mailto:vhabib@farmersagent.com)**

**925-689-1112**



# California Offer of Terrorism Coverage

Named Insured: **HILLER HIGHLANDS PHASE I HOA**  
Address: **36 SPY GLASS HL**  
**OAKLAND CA 94618-2308**

Agent Number: **96-77-376**  
Policy Number: **60067-16-38**

### Read Carefully Before Signing

Dear Valued Customer,

Our records indicate that you have previously declined coverage for "Certified Acts of Terrorism." Effective January 1, 2015 the federal Terrorism Risk Insurance Act defines a "certified act of terrorism" as an act that is certified by the Secretary of the Treasury, in accordance with the provisions of the Act to be an act of terrorism. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:

1. 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 its government by coercion.

You should know that coverage for losses caused by "certified acts of terrorism" is partially reimbursed by the United States government under a formula established by federal law. Under this formula, the U.S. government pays a percentage of covered terrorism losses exceeding the statutorily established deductible paid by the insurer providing the coverage. The Act contains a \$100 billion cap that limits government reimbursement and insurer liability for losses resulting from Certified Acts of Terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, terrorism coverage may be reduced. The premium charged for this coverage does not include any charges for the portion of loss covered by the federal government under the Act.

The premium cost for such coverage for "certified acts of terrorism" is calculated as a percentage of our final premium for certain coverages, per the following schedule:

Coverage	Los Angeles, Orange and San Francisco Counties	All Other Counties
Property	1.5%	1.0%
General Liability	1.5%	1.0%
Umbrella	1.0%	1.0%

In no event will the premium be greater than 1.5% of your property/liability premium.

You have the right to include this coverage for "certified acts of terrorism." If you choose to do so, you must sign this form and return it in the enclosed envelope within 30 days of the effective date of this policy.

### No Reply Is Necessary To Decline This Offer.

I ACCEPT "Certified Acts of Terrorism" coverage.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# STATEMENT

## TRUCK INSURANCE EXCHANGE

° HILLER HIGHLANDS PHASE I HOA  
36 SPY GLASS HL  
OAKLAND CA 94618-2308

AUGUST 30, 2019

Date

96-77-376

Agent's Number

60067-16-38

Policy Number

Loan Number

Renewal Statement - The Company will renew your policy for an additional 12 months term only if payment of the premium indicated is made on or before the renewal date of this notice.

### This Statement Reflects:

Effective Date: 11/01/19

New Business       Reinstatement       Change Of Coverage       Added Coverage

\$	Previous Balance Owing	
\$	Premium	
\$	Membership, Policy, Reinstatement, Reissue or Service Fees	
\$	Pro Rata Premium Due	
\$	<b>894.00</b> Premium For Renewing Entire Present Coverage From <u>11/01/19</u> To <u>11/01/20</u>	
\$		
\$		
\$		
\$		
\$	<b>894.00</b> Total Charges	
\$		
\$	Payments	
\$	Other Credits	_____
\$	Total Credits	_____
\$	<b>- NONE -</b> <b>BALANCE DUE UPON RECEIPT</b>	
\$	Optional Amount	_____
\$	Refund	_____

**IMPORTANT- D-O N-O-T P-A-Y T-H-I-S N-O-T-I-C-E  
PREMIUM WILL BE BILLED. ACCT # F004027733-001-00001.**



**State Required Notification:**



# California Offer of Terrorism Coverage

Named Insured: **HILLER HIGHLANDS PHASE I HOA**  
Address: **36 SPY GLASS HL**  
**OAKLAND CA 94618-2308**

Agent Number: **96-77-376**  
Policy Number: **60067-16-38**

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Property	1.5%	1.0%
General Liability	1.5%	1.0%
Umbrella	1.0%	1.0%

In no event will the premium be greater than 1.5% of your property/liability premium.

You have the right to include this coverage for "certified acts of terrorism." If you choose to do so, you must sign this form and return it in the enclosed envelope within 30 days of the effective date of this policy.

### No Reply Is Necessary To Decline This Offer.

I ACCEPT "Certified Acts of Terrorism" coverage.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT NOTICE**  
(Please keep for your records)

**Subscription Agreement Notice**

By payment of the policy premium, you acknowledge that you have received and read the Farmers Insurance Exchange Subscription Agreement (the terms of which are provided below) and that you agree to be bound to all of the terms and conditions of the Subscription Agreement.

Under the Subscription Agreement, you appoint Truck Underwriters Association (the "Association") to act as the Attorney-in-Fact. The Association has acted in this capacity since 1935. The Subscription Agreement provides for payment of compensation to the Association for its becoming and acting as attorney-in-fact. This compensation consists of a membership fee and a percentage of premiums on all policies of insurance or reinsurance issued or effected by the Exchange. These fees are included in your policy payment and are not an additional fee.

We reserve the right to request that you provide us with a signed Subscription Agreement and if you fail to do so, your coverage may be terminated.



COMMERCIAL UMBRELLA POLICY DECLARATIONS

1. Named Insured HILLER HIGHLANDS PHASE I HOA

F004027733-001-00001
Account No.

Mailing Address 36 SPY GLASS HL
OAKLAND, CA 94618-2308

96-77-376 60067-16-38
Agent No. Policy Number

Form of Business [ ] Individual [ ] Joint Venture [ ] Limited Liability Co.
[X] Corporation [ ] Partnership [ ] Other Organization

Business Description: Condominiums

2. Policy Period From 11-01-2019 (not prior to time applied for)
To 11-01-2020 12:01 A.M. Standard time at your mailing address shown above.

If this policy replaces other coverage that ends at noon standard time of the same day this policy begins, this policy will not take effect until the other coverage ends. This policy will continue for successive policy periods as follows: If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect.

The attorney-in-fact (AIF) or management fee for your renewed policy will never exceed 20% of the policy's premiums and will be paid out of the premiums. You may wish to consider this information in deciding whether to accept or decline this offer to renew your policy.

In return for the payment of premium and subject to all the terms of this policy, we agree with you to provide insurance as stated in this policy.

- 3. Schedule Of Underlying Insurance See Schedule Of Underlying Insurance(s) Below
4. Limit Of Insurance \$2,000,000 Policy Aggregate Limit
Self-Insured Retention \$10,000
5. Advance Premium \$894 (See Additional Fee Information Below)
Adjustable At A Rate Of Per Of
Minimum Earned Premium
Annual Minimum Premium

Your Agent Victor Habib
2151 Salvio St #u
Concord, CA 94520
(925) 689-1112

**Schedule Of Underlying Insurance**

Type	Insurance Company	Policy Number	Policy Period	Limits of Insurance	
General/Business Liability	Truck Insurance Exchange	60015-82-41	As Covered	General Aggregate	\$2,000,000
				Prods & Comp Ops Aggregate	\$1,000,000
				Pers & Adv Injury Limit	Included
				Each Occurrence	\$1,000,000
Commercial Automobile Liab	Not Covered				
Employer's Liability	Not Covered				
Directors & Officers Liability	Truck Insurance Exchange	60015-82-41	As Covered	Each Claim	\$1,000,000
				Annual Aggregate	\$1,000,000

**Policy Forms And Endorsements Attached At Inception**

Number	Title
25-2984ED2	Ins Dept Address-Customer Letter
25-3037C1	Subscription Agreement-Tie
25-9200	Farmers Privacy Notice
25-9230ED3	Reminder-Review Your Coverages
56-5379ED5	Commercial Umbrella Policy
E3139-ED1	Auto Liability Follow Form
E3144-ED1	Cross Suits Exclusion
E3145-ED1	D&o Errors & Omissions Follow Form
E3152-ED1	Coverage Limitation Exclusion
E3337-ED1	No Covg-Cert Computer Rel Losses
E4011-ED3	Mold & Microorganism Exclusion
E4019-ED1	War Liability Exclusion
E4023-ED1	Excl Of Cert/Other Acts Of Terror

Countersigned (Date)

By Authorized Representative

**Schedule Of Underlying Insurance (Continued)**

Type	Insurance Company	Policy Number	Policy Period	Limits of Insurance
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**Additional Policy Forms And Endorsements Attached At Inception (Continued)**

Number	Title
E4289-ED1	Excl-Violation Of Statutes
J6355-ED1	Change To Limits Of Insurance
J7117-ED1	Exclusion Confidential Info
J7137-ED1	Pollution Excl-Expanded Except
J7165-ED1	Pers And Advert Injury Cov
S9094-ED3	California Changes
S9937-ED1	Asbestos & Silica Exclusion End

**Additional Fee Information**

The following additional fees apply on an account, not a per-policy, basis.

- A **service fee** will be assessed on every installment invoice and will be included in the minimum amount due. However, if you choose to pay the entire account balance in full upon receipt of the first installment, the fee will be waived. In addition, for accounts fully enrolled in online billing and scheduled for recurring Electronic Funds Transfer (EFT) payments the fee will be waived.

State	Installment Fee
All states Except Alaska, Florida, Maryland, New Jersey And West Virginia	\$6.00
Alaska and Maryland	Not applicable
Florida	\$3.00
New Jersey	\$7.00
West Virginia	\$5.00

- A **returned payment fee** applies per check, electronic transaction or other remittance which is not honored by your financial institution for any reason including but not limited to insufficient funds or a closed account. **NOTE: If the returned payment is in response to a Notice of Cancellation, coverage still cancels on the cancellation effective date set forth in the notice.**

State	NSF Fee
All States Except Alaska, Florida, Indiana, Maine, Nebraska, New Jersey, North Dakota, Oklahoma, Virginia And West Virginia	\$30.00
North Dakota And Oklahoma	\$25.00
Nebraska And Indiana	\$20.00
Florida And West Virginia	\$15.00
Maine	\$10.00
Alaska, New Jersey And Virginia	Not applicable

- A **late fee** will be assessed on each Notice of Cancellation that is issued and will be included in the minimum amount due.

State	Late Fee
All States Except Alaska, Florida, Maryland, Missouri, Nebraska, New Jersey, Rhode Island, South Carolina, Virginia And West Virginia	\$20.00
Nebraska, Rhode Island And South Carolina	\$10.00
Alaska, Florida, Maryland, Missouri, New Jersey, Virginia And West Virginia	Not applicable

The following applies on a per-policy basis.

- A **reinstatement fee** of \$25.00 will be assessed if the policy is reinstated over 30 days but under 6 months from the cancellation date. *This fee does not apply to Florida, Indiana & Maryland or to Workers Compensation policies.*

One or more of the fees or charges described above may be deemed a part of premium under applicable state law.