



# Commercial Property Insurance Specialists

With more than 30 Years of Insurance Expertise

## Chinquapin Homeowners Association

We'd like to say "Thank you!" to you and your association for choosing Select Commercial Insurance as your association's commercial insurance broker. As brokers, we work for your association – not for an insurance company. Our goal is to provide your association with superior commercial insurance coverage and service at highly competitive rates.

As an owner, if you have a mortgage on your unit, you may need to provide evidence of property insurance to your lender, and we are more than happy to take care of this for you. Just fill in the blanks in the table below, and either email or fax the information to us, or have your lender send us a request. We will prepare and send the proper documentation.

**To obtain evidence of property insurance, complete this table and either email or fax to Select Commercial Insurance:  
brianm@selectcommercial.com (866) 386-5655 fax**

<b>Borrower's Name as shown on loan documents</b>	
<b>Unit Address as shown on loan documents</b>	
<b>Borrower's Mailing Address, if different than unit address</b>	
<b>Loan Number</b>	
<b>Name of Lender</b>	
<b>Lender's Address for sending insurance docs (Check with lender – this is usually <u>not</u> the same as the address for sending mortgage payments)</b>	
<b>Lender's Fax for sending insurance docs</b>	

Thank you very much for your business and your trust.

Best personal regards,

Brian McGiffert  
brianm@selectcommercial.com

# ACORD EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YY)  
03/15/04

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.

<b>PRODUCER</b> Select Commercial Insurance Services 201 ADA Avenue STE 6 Mountain View, CA 94043		<b>PHONE</b> (A/C, No, Ext): (310) 478-5041	<b>COMPANY</b> 1) HARTFORD FIRE INS. CO. 2) UNITED STATES FIRE INS. CO. 3) CLARENDON AMERICA INS. CO. 4) ST. PAUL FIRE & MARINE INS. CO.  C/O PRISM INC	
<b>CODE:</b>	<b>SUB-CODE:</b>			
<b>AGENCY CUSTOMER ID #:</b>		<b>LOAN NUMBER</b>	<b>POLICY NUMBER</b> 1) GW000350 / 2) 2450026449 3) PCA12564 / 4) 144-SP-2141	
<b>INSURED</b> WCPP - Chinquapin HOA c/o WMC Management P.O. Box 6955 Tahoe City, CA 96145		<b>EFFECTIVE DATE</b> 03/15/04	<b>EXPIRATION DATE</b> 01/01/05	<b>CONTINUED UNTIL TERMINATED IF CHECKED</b>
THIS REPLACES PRIOR EVIDENCE DATED:				

**PROPERTY INFORMATION**  
 LOCATION/DESCRIPTION  
 As Per Schedule

COVERAGE INFORMATION	AMOUNT OF INSURANCE	DEDUCTIBLE
<b>COVERAGE/PERILS/FORMS</b>  BLANKET BUILDINGS, CONTENTS AND RENTS (ACTUAL LOSS SUSTAINED - 180 DAY EXTENDED PERIOD OF INDEMNITY), LOSS LIMIT, NO COINSURANCE, REPLACEMENT COST, SPECIAL FORM	\$300,000,000	\$10,000
BUILDING ORDINANCE SUBLIMIT (INCREASED COST OF CONSTRUCTION, DEMOLITION AND CONTINGENT COMBINED - PER OCCURRENCE)	\$35,000,000	\$10,000
BREAKDOWN OF \$300,000,000 LOSS LIMIT:  1) HARTFORD FIRE: \$10,000,000 2) UNITED STATES FIRE: \$15,000,000 EXCESS OF \$10,000,000 3) CLARENDON AMERICA: \$10,000,000 EXCESS OF \$25,000,000 4) ST. PAUL: \$265,000,000 EXCESS OF \$35,000,000		

**REMARKS (Including Special Conditions)**  
  
 COVERAGE IS SUBJECT TO THE TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS OF THE ACTUAL POLICIES.  
  
 \*EXCEPTION: TEN (10) DAYS FOR NON-PAYMENT OF PREMIUM

**CANCELLATION**  
 THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW 30\* DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

<b>ADDITIONAL INTEREST</b> NAME AND ADDRESS	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/>
	LOAN #	
	AUTHORIZED REPRESENTATIVE  <b>M. G. SKINNER &amp; ASSOCIATES</b>	

# ACORD CERTIFICATE OF LIABILITY INSURANCE

Date MM/DD/YY  
03/15/04

**PRODUCER**  
Select Commercial Insurance Services  
201 ADA Avenue, Ste 6  
Mountain View, CA 94043

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**c/o PRISM Inc.**  
**INSURED AFFORDING COVERAGE**

NAIC #

**INSURED**  
Chinquapin HOA c/o WMC Management  
PO Box 6955  
Tahoe City, CA 96145

INSURED A Axis Specialty Ins. Co.  
INSURED B AXIS Specialty Ins. Co. & Steadfast Ins. Co.  
INSURED C Chubb  
INSURED D  
INSURED E

**COVERAGE**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE MM/DD/YY	POLICY EXPIRATION DATE MM/DD/YY	LIMITS	
A		GENERAL LIABILITY	ACP706152 \$2500 liability deductible	03/15/04	01/31/05	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (EA OCCURANCE)	\$ 50,000
						MED EXP (ANY ONE PERSON)	EXCLUDED
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS-COMP/CP AGG	\$ 1,000,000
C		AUTOMOBILE LIABILITY	7352-68-98	03/15/04	01/31/05	COMBINED SINGLE LIMIT	\$ 250,000
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (PER PERSON)	
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (PER ACCIDENT)	
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (PER ACCIDENT)	
<input checked="" type="checkbox"/> HIRED AUTOS							
<input checked="" type="checkbox"/> NON-OWNED AUTOS							
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	
						AUTO ONLY AGG	
B		EXCESS/UMBRELLA LIABILITY	ACP706152	03/15/04	01/31/05	EACH OCCURRENCE	\$ 25,000,000
		<input checked="" type="checkbox"/>				AGGREGATE	\$ 25,000,000
		DEDUCTIBLE					
		RETENTION \$					
		WORKERS COMPENSATION AND EMPLOYERS LIABILITY				WC STATUTORY LIMITS	OTTI ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED				E.L. EACH ACCIDENT	
		IF YES DESCRIBE UNDER SPECIAL PROVISIONS BELOW				E.L. DISEASE- EA EMPLOYEE	
		Other				E.L. DISEASE-POLICY LIMIT	

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

**CERTIFICATE HOLDER**

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL \_\_\_\_\_ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

**For M. G. Skinner & Associates**