



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

10/01/2024

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY HUB International Insurance Services Inc 90 New Montgomery Street, Ste 250 San Francisco, CA 94105 CA DOI License# 0757776		Phone (A/C, No. Ext): 415-276-2811	COMPANY (A) Lloyds of London (B) Swiss Re Corporation Solutions Capacity Insurance Corporation (C) Travelers Property Casualty Company of America (D) Atlantic Specialty Insurance Company	
FAX (A/C, No): 951-231-2572	EMAIL ADDRESS: sfcerts@hubinternational.com			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID#:				
INSURED Del Mesa Carmel Community Association 500 Del Mesa Drive Carmel, CA 93923		LOAN NUMBER	POLICY NUMBER A) B0507PP2402072/ B0507PP2402081 B) 88X230032300 C) BME1-A1218239 D) MML-001440-0924	
		EFFECTIVE DATE 10/01/2024	EXPIRATION DATE 10/01/2025	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION Location: 500 Del Mesa Drive, Carmel, CA 93923 Unit Owner: Any Unit Owner of Record at Time of Loss
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 EVIDENCE OF PROPERTY INSURANCE 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
A&B) BUILDINGS, BUSINESS PERSONAL PROPERTY Special Form; Replacement Cost, Includes Building Ordinance Coverage at \$10,000,000 sublimit. Owners' building improvements covered only to the extent the association or corporation is to insure these per governing documents.	\$ 25,000,000	\$ 100,000, except \$250,000 Wildfire
C) Boiler & Machinery	\$100,000,000	\$ 10,000
D) Crime / Fidelity Bond / Board Member and Employee Dishonesty (Effective 9/26/24 to 10/1/25)	\$ 2,000,000	\$ 15,000

REMARKS (Including Special Conditions)

Number of Residential Units: 289 / Number of Commercial Units: 0

CANCELLATION

SHOULD ANY OF THE ABOVE POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS Any Lender on Record at Time of Loss	<input checked="" type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input checked="" type="checkbox"/> LOSS PAYEE	<input type="checkbox"/>
LOAN #		
AUTHORIZED REPRESENTATIVE 		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/01/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER HUB International Insurance Services Inc 90 New Montgomery Street, Ste 250 San Francisco, CA 94105 CA DOI License# 0757776	CONTACT NAME:	
	PHONE (A/C, No. Ext.) 415-276-2811	FAX (a/c, No.):
	E-MAIL ADDRESS: sfcerts@hubinternational.com	
	PRODUCER CUSTOMER ID#:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Del Mesa Carmel Community Association 500 Del Mesa Drive Carmel, CA 93923	INSURER A:	CM Vantage Specialty Insurance Company 15872
	INSURER B:	Travelers Casualty Insurance Co of America 19046
	INSURER C:	Greenwich Insurance Company 22322
	INSURER D:	StarStone Specialty Insurance Company 25496
	INSURER E:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	GENERAL LIABILITY			CMI-PLI-0049042-01	5/9/24	5/9/25	EACH OCCURRENCE \$ 1,000,000			
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 0			
	<input checked="" type="checkbox"/> Deductible: \$5,000						PERSONAL & ADV INJURY \$ 1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PROJECT	<input type="checkbox"/>				<input type="checkbox"/> LOC			PRODUCTS-COMP OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY			BA-9W81139A	5/9/24	5/9/25	COMBINED SINGLE LIMIT (Ea Accident) \$ 1,000,000			
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per Person) \$			
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per Accident) \$		
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per Accident) \$		
	<input type="checkbox"/> GARAGEKEEPERS LEGAL LIABILITY							Limit of Liability \$		
C	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		PPP7440150	5/9/24	5/9/25	EACH OCCURRENCE \$ 25,000,000			
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 25,000,000			
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$					\$			
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> Y/N			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						<input type="checkbox"/>			
	If, yes, describe under DESCRIPTION OF OPERATIONS below									
								WC STATU-ORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> \$		
D	Directors and Officers Liability			DNO00062415P-01	9/26/24	10/1/25	E.L. EACH ACCIDENT \$			
							E.L. DISEASE - EA EMPLOYEE \$			
							E.L. DISEASE - POLICY LIMIT \$			
							Limit - Annual Aggregate Retention, each claim \$ 3,000,000 \$ 25,000			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required.)

The Severability of Interest / Separation of Insured is included in the General Liability policy.

These are association or corporation policies.

Note: Above policies do not provide HO6 coverage – unit owner must have their own policy covering personal liability.

CERTIFICATE HOLDER**CANCELLATION**

Any Lender on Record at Time of Loss	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 