




# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
03/04/2020

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.

|  |  |   |  |
|--|--|---|--|
| <b>PRODUCER</b><br> John Ford<br>79440 Corporate Ctr Dr Ste 104<br>La Quinta, CA 92253-7243 |  | <b>CONTACT NAME:</b> John Ford<br><b>PHONE (A/C, No, Ext):</b> (760) 564-0011<br><b>FAX (A/C, No):</b> (760) 564-0221<br><b>E-MAIL ADDRESS:</b> john.ford.j14q@statefarm.com<br><b>PRODUCER CUSTOMER ID:</b>                |  |
| <b>INSURED</b><br>Sunnyside Estates Homeowners Association<br>1111 E Tahqtz Cyn Way Ste 103<br>Palm Springs, CA 92262-6789   |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> State Farm General Insurance Company <b>NAIC #</b> 25151<br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |  |

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

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 REFER TO ACORD 101.

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  | POLICY NUMBER                   | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | COVERED PROPERTY  | LIMITS   |
|-------------------------------------|--|---------------------------------|------------------------------------|-------------------------------------|---|--|
| <input checked="" type="checkbox"/> | <b>PROPERTY</b><br>CAUSES OF LOSS      DEDUCTIBLES<br>BASIC      BUILDING \$1,000<br>BROAD      CONTENTS<br><input checked="" type="checkbox"/> SPECIAL<br>EARTHQUAKE<br>WIND<br>FLOOD | 90-11-7150-7                    | 06/29/2019                         | 06/29/2020                          | <input checked="" type="checkbox"/> BUILDING<br>PERSONAL PROPERTY<br>BUSINESS INCOME<br>EXTRA EXPENSE<br>RENTAL VALUE<br>BLANKET BUILDING<br>BLANKET PERS PROP<br>BLANKET BLDG & PP | \$ \$1,261,400<br>\$<br>\$ SEE ACORD 101<br>\$ SEE ACORD 101<br>\$ SEE ACORD 101<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$ |
| <input type="checkbox"/>            | <b>INLAND MARINE</b><br>CAUSES OF LOSS<br>NAMED PERILS   | TYPE OF POLICY<br>POLICY NUMBER |                                    |                                     |   | \$<br>\$<br>\$<br>\$   |
| <input type="checkbox"/>            | <b>CRIME</b><br>TYPE OF POLICY   |                                 |                                    |                                     |   | \$<br>\$<br>\$   |
| <input type="checkbox"/>            | <b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>  |                                 |                                    |                                     |   | \$<br>\$<br>\$   |

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
REFER TO ACORD 101.

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER</b><br>CAFS<br>1111 E Tahquitz Cyn Way<br>Ste 103<br>Palm Springs, CA 92262 | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br>AUTHORIZED REPRESENTATIVE <i>Kara Schroeder</i><br>IF SIGNATURE IS REQUIRED, PLEASE CONTACT AGENT. |
|---|---|



## ADDITIONAL REMARKS SCHEDULE

|   |                    |   |  |
|---|--------------------|---|--|
| AGENCY<br>John Ford                             |                    | NAMED INSURED<br>Sunnyside Estates Homeowners Association |  |
| POLICY NUMBER<br>90-11-7150-7                   |                    |   |  |
| CARRIER<br>State Farm General Insurance Company | NAIC CODE<br>25151 | EFFECTIVE DATE: 06/29/2019                                |  |

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 24 FORM TITLE: Certificate of Property Insurance

**Unit Owner:**

- Number Of Units: 0231

**Association Type:** Residential Community Association Policy

**Forms, Options and Endorsements:**

|            |                                |
|------------|--------------------------------|
| CMP-4101   | Businessowners Coverage Form   |
| FE-6999.2  | Terrorism Insurance Cov Notice |
| CMP-4710   | Emp Dishonesty \$50,000        |
| CMP-4705.2 | Loss of Income & Extra Expense |

**Forms, Options and Endorsements:**

|          |                             |
|----------|-----------------------------|
| CMP-4814 | Dir & Officers \$3,000,000  |
| CMP-4696 | Residential Community Assoc |
| CMP-4508 | Money and Securities        |
| CMP-4260 | Amendatory Endorsement      |

**Coverages:**

|                               |             |
|-------------------------------|-------------|
| Business Liability            | \$3,000,000 |
| Medical Payments              | \$5,000     |
| Products-Completed Operations | \$6,000,000 |
| General Aggregate             | \$6,000,000 |

**Companion Policies:**

|           |                      |
|-----------|----------------------|
| 90QD25908 | Workers Compensation |
|-----------|----------------------|

**Coverage**

Unless otherwise endorsed, this policy provides replacement cost coverage on described property and common areas detailed within the Association bylaws including the following types of property within a unit, regardless of ownership:

1. Fixtures, improvements and alterations that are a part of the building or structure; and
2. Appliances such as those used for refrigerating, ventilating, cooking, dishwashing, laundering, security or housekeeping.

Replacement cost coverage is subject to the terms and conditions of the policy and any endorsements.

Coverage under this policy may have been modified to provide actual cash value coverage rather than replacement cost coverage, or to remove specified property from coverage, if any endorsement containing in its title "ACV" or "Actual Cash Value," or "Additional Property Not Covered" is identified on this Certificate of Insurance.

Endorsements: FE-3650, FE-3653, FE-3658, and FE-3659 (Actual Cash Value) - These endorsements describe what the term "actual cash value" means where used in the policy. **However, these endorsements do not change any replacement cost coverage provided by the policy.**

This policy provides coverage on a standalone/individual condominium association.

**Commercial General Liability**

State Farm refers to this coverage as Business Liability Coverage. Coverage amount shown is Per Occurrence.

**Loss of Rents, Loss of Income and Extra Expense**

If this coverage is shown, limits are "Actual Loss Sustained". Contact the agent to confirm the number of day's coverage.