



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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.

PRODUCER		CONTACT NAME: Tara Long	
 Tara Long 9560 Cuyamaca St Ste 104		PHONE (A/C, No, Ext): (619) 375-5000	FAX (A/C, No): (619) 599-8313
		E-MAIL ADDRESS: tara.long.elz1@statefarm.com	
		PRODUCER CUSTOMER ID:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED		INSURER A: State Farm General Insurance Company	25151
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
Carlsbad,		CA 92008-4382	

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"/> PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPECIAL EARTHQUAKE WIND FLOOD 	CAUSES OF LOSS	DEDUCTIBLES	90-71-9381-4	01/01/2022	01/01/2023	<input checked="" type="checkbox"/> BUILDING	\$ 420,500				
		BUILDING \$5,000				PERSONAL PROPERTY	\$				
	BROAD	CONTENTS				BUSINESS INCOME	\$ SEE ACORD 101				
						EXTRA EXPENSE	\$ SEE ACORD 101				
	SPECIAL					RENTAL VALUE	\$ SEE ACORD 101				
						BLANKET BUILDING	\$				
	EARTHQUAKE					BLANKET PERS PROP	\$				
						BLANKET BLDG & PP	\$				
	WIND						\$				
							\$				
<input type="checkbox"/> INLAND MARINE CAUSES OF LOSS <input type="checkbox"/> NAMED PERILS 	INLAND MARINE		TYPE OF POLICY				\$				
							\$				
	CAUSES OF LOSS		POLICY NUMBER				\$				
							\$				
							\$				
<input type="checkbox"/> CRIME TYPE OF POLICY							\$				
							\$				
							\$				
<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN							\$				
							\$				
							\$				
							\$				

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

REFER TO ACORD 101

CERTIFICATE HOLDER

CANCELLATION

Curtis Management Company
5050 Avenida Encinas Ste 160

Carlsbad.

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

IF SIGNATURE IS REQUIRED, PLEASE CONTACT AGENT.



ADDITIONAL REMARKS SCHEDULE

AGENCY Tara Long		NAMED INSURED Avocado Homeowners Association	
POLICY NUMBER 90-71-9381-4			
CARRIER State Farm General Insurance Company	NAIC CODE 25151	EFFECTIVE DATE:	01/01/2022

ADDITIONAL REMARKS

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

Unit Owner:

N/A - N/A - NA, - CA - 00000 - Unit Loan Number:0000 - Number Of Units: 0069

Association Type: Residential Community Association Policy

Forms, Options and Endorsements:

CMP-4101	Businessowners Coverage Form
FE-6999.3	Terrorism Insurance Cov Notice
CMP-4710	Emp Dishonesty \$25,000
CMP-4705.2	Loss of Income & Extra Expense
CMP-4261	Amendatory Endorsement

Forms, Options and Endorsements:

CMP-4814	Dir & Officers \$3,000,000
CMP-4696	Residential Community Assoc
CMP-4508	Money and Securities
CMP-4260.1	Amendatory Endorsement-Ca

Coverages:

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

Companion Policies:

90CHE5703	Workers Compensation
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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.