



CERTIFICATE OF PROPERTY INSURANCE

DATE(MM/DD/YYYY)
10/11/24

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER WASSAN ALTANAKCHI INSURANCE 860 Jamacha Rd #205 El Cajon, CA 92019		CONTACT NAME: Susan Hughes PHONE (A/C, No, Ext): (760)496-1686 FAX (A/C, No): (760)496-1684 E-MAIL ADDRESS: susan.waltanakchi@farmersagency.com PRODUCER CUSTOMER ID:	
INSURED GROSSMONT VILLAGE CONDO ASSOC c/o 360 Community Mgmt 10769 Woodside Ave #210 Santee, CA 92071		INSURER(S) AFFORDING COVERAGE INSURER A: FARMERS INSURANCE EXCHANGE INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC# 21452

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

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
EARL STREET, AMAYA DRIVE, HOWELL DRIVE

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	
A	<input checked="" type="checkbox"/> PROPERTY	60176-57-66	10/15/2024	10/15/2025	BUILDING	\$ 30,000,000	
	CAUSES OF LOSS				DEDUCTIBLES	PERSONAL PROPERTY	\$
					BUILDING	BUSINESS INCOME	\$
	<input type="checkbox"/> BASIC				25,000	EXTRA EXPENSE	\$
	<input type="checkbox"/> BROAD				CONTENTS	RENTAL VALUE	\$
	<input checked="" type="checkbox"/> SPECIAL					BLANKET BUILDING	\$
	<input type="checkbox"/> EARTHQUAKE					BLANKET PERS PROP	\$
	<input type="checkbox"/> WIND					BLANKET BLDG & PP	\$
<input type="checkbox"/> FLOOD			\$				
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
A	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$	
	CAUSES OF LOSS					\$	
A	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER	10/15/2024	10/15/2025		\$	
	<input checked="" type="checkbox"/> UMBRELLA	601460617			<input checked="" type="checkbox"/> LIMIT	\$ 1,000,000	
A	<input type="checkbox"/> CRIME					\$	
	TYPE OF POLICY	60176-57-66	10/15/2024	10/15/2025	<input checked="" type="checkbox"/> LIMIT	\$ 1,000,000	
A	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	60176-57-66	10/15/2024	10/15/2025	<input checked="" type="checkbox"/>	\$ INCLUDED	
						\$	
A	Premises Liability	60176-57-66	10/15/2024	10/15/2025	<input checked="" type="checkbox"/> occ/agg	\$ 2,000,000-4,000,000	
	Directors&Officers	60176-57-66	10/15/2024	10/15/2025	<input checked="" type="checkbox"/> occ/agg	\$ 2,000,000	

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
BAREWALLS- NO UNIT OWNERS COVERAGE-150 UNITS
 Includes Building Ordinance & Law, Severability of interest included
INCLUDES EXTENDED REPLACEMENT COST ENDORSEMENT OF 150%
Management company is named additional insured (including Employee dishonesty)

CERTIFICATE HOLDER HOA PROOF OF INSURANCE CERTIFICATE REQUESTS FOR SPECIFIC UNIT OWNER/LENDER CAN BE FAXED TO 760-496-1684	CANCELLATION 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
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