

PREMIUM IS < \$5000

INSURED

This section is for policy:	60301-22-47
Assembled-on Date:	06/04/19
Assembled-on Time:	01:35:14
Full Policy Number:	A6030122470000
Transaction Number:	001
Operator id:	R9650

**TRANSACTION:
RENEWAL**



PO BOX 2527 ,
Grand Rapids, MI . 49501-2527

PRODUCER# : 05 96 80 2K7
NAOMI HAYASHI
948 INDUSTRIAL AVE
PALO ALTO CA 94303

AGTADDXP

PRODUCER#: 05 96 80 2K7
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948 INDUSTRIAL AVE
PALO ALTO CA 94303



PO BOX 2527
Grand Rapids, MI, 49501-2527



NAOMI HAYASHI
948 INDUSTRIAL AVE
PALO ALTO CA 94303
PRODUCER#: 05 96 80 2K7

SUNSET OAKS HOA
675 PICASSO TER
SUNNYVALE CA 94087-2859

SUNSET OAKS HOA
675 PICASSO TER
SUNNYVALE CA 94087-2859



NAOMI HAYASHI
948 INDUSTRIAL AVE
PALO ALTO CA 94303



California Offer of Terrorism Coverage

Named Insured: **SUNSET OAKS HOA**
Address: **675 PICASSO TER**
SUNNYVALE CA 94087-2859

Agent Number: **96-80-2K7**
Policy Number: **60301-22-47**

Read Carefully Before Signing

Dear Valued Customer,

Our records indicate that you have previously declined coverage for "Certified Acts of Terrorism." Effective January 1, 2015 the federal Terrorism Risk Insurance Act defines a "certified act of terrorism" as an act that is certified by the Secretary of the Treasury, in accordance with the provisions of the Act to be an act of terrorism. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:

1. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of its government by coercion.

You should know that coverage for losses caused by "certified acts of terrorism" is partially reimbursed by the United States government under a formula established by federal law. Under this formula, the U.S. government pays a percentage of covered terrorism losses exceeding the statutorily established deductible paid by the insurer providing the coverage. The Act contains a \$100 billion cap that limits government reimbursement and insurer liability for losses resulting from Certified Acts of Terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, terrorism coverage may be reduced. The premium charged for this coverage does not include any charges for the portion of loss covered by the federal government under the Act.

The premium cost for such coverage for "certified acts of terrorism" is calculated as a percentage of our final premium for certain coverages, per the following schedule:

Coverage	Los Angeles, Orange and San Francisco Counties	All Other Counties
Property	1.5%	1.0%
General Liability	1.5%	1.0%
Umbrella	1.0%	1.0%

In no event will the premium be greater than 1.5% of your property/liability premium.

You have the right to include this coverage for "certified acts of terrorism." If you choose to do so, you must sign this form and return it in the enclosed envelope within 30 days of the effective date of this policy.

No Reply Is Necessary To Decline This Offer.

I ACCEPT "Certified Acts of Terrorism" coverage.

Signature _____ Date _____



This policy is issued by: Truck Insurance Exchange (An inter-insurance exchange sometimes referred to in the policy as the "Company":)

Insured SUNSET OAKS HOA

675 PICASSO TER

SUNNYVALE CA 94087-2859

60301-22-47
Policy Number

Truck Insurance Exchange ("Exchange") is an inter-insurance exchange or reciprocal insurer. The Exchange is owned by its members (also called subscribers), and the members appoint a third party, called the attorney-in-fact, to conduct certain administrative services for and on behalf of the Exchange.

Please sign the Subscription Agreement printed below to become a member of the Exchange, which is necessary to maintain coverage. Under the Subscription Agreement, you will be appointing Truck Underwriters Association ("Association") to serve and act as the attorney-in-fact. The Association has acted in this capacity since 1935. The Subscription Agreement provides for payment of compensation to the Association for its becoming and acting as attorney-in-fact. This compensation consists of a membership fee and a percentage of premiums on all policies of insurance or reinsurance issued or effected by the Exchange. These fees are included in your policy payment and are not an additional fee.

If our records do not show that you have provided us with a signed copy of the Subscription Agreement, we reserve the right to terminate your coverage.

Subscription Agreement

For and in consideration of the benefits to be derived therefrom the subscriber covenants and agrees with Truck Insurance Exchange and other subscribers thereto through their and each of their attorney-in-fact, Truck Underwriters Association, to exchange with all other subscribers' policies of insurance or reinsurance containing such terms and conditions therein as may be specified by said attorney-in-fact and approved by the Board of Governors or its Executive Committee for any loss insured against, and subscriber hereby designates, constitutes and appoints Truck Underwriters Association to be attorney-in-fact for subscriber, granting to it power to substitute another in its place, and in subscriber's name, place and stead to do all things which the subscriber or subscribers might or could do severally or jointly with reference to all policies issued, including cancellation thereof, collection and receipt of all monies due the Exchange from whatever source and disbursement of all loss and expense payments, effect reinsurance and all other acts incidental to the management of the Exchange and the business of interinsurance; subscriber further agrees that there shall be paid to said Association, as compensation for its becoming and acting as attorney-in-fact, the membership fees and twenty per centum of the Premium Deposit for the insurance provided and twenty per centum of the premiums required for continuance thereof.

The remaining portion of the Premium Deposit and of additional term payments made by or on behalf of the subscriber shall be applied to the payment of losses and expenses and to the establishment of reserves and general surplus. Such reserves and surplus may be invested and reinvested by a Board of Governors duly elected by and from subscribers in accordance with provisions of policies issued, which Board or its Executive Committee or an agent or agency appointed by written authority of said Executive Committee shall have full powers to negotiate purchases, sales, trades, exchanges, and transfers of investments, properties, titles and securities, together with full powers to execute all necessary instruments. The expenses above referred to shall include all taxes, license fees, attorneys' fees and adjustment expenses and charges, expenses of members' and governors' meetings, agents' commissions, and such other specified fees, dues and expenses as may be authorized by the Board of Governors. All other expenses incurred in connection with the conduct of the Exchange and such of the above expenses as shall from time to time be agreed upon by and between the Association and the Board of Governors or its Executive Committee shall be borne by the Association.

The principal office of the Exchange and its attorney-in-fact shall be maintained in the City of Los Angeles, County of Los Angeles, State of California.

This agreement can be signed upon any number of counterparts with the same effect as if the signatures of all subscribers were upon one and the same instrument, and shall be binding upon the parties thereto, severally and ratably as provided in policies issued. Wherever the word "subscriber" is used the same shall mean members of the Exchange, the subscriber hereto, and all other subscribers to this or any other like agreement. Any policy issued hereon shall be non-assessable.

I have read the Subscription Agreement. I agree to be bound to all of the terms and conditions of the Subscription Agreement.

Subscribed to this _____ day of _____, 20____, _____ a.m./p.m. X _____
Signature (If applicant is a minor, parent or guardian must also sign)



STATEMENT

TRUCK INSURANCE EXCHANGE

° SUNSET OAKS HOA

675 PICASSO TER

SUNNYVALE CA 94087-2859

JUNE 04, 2019

Date

96-80-2K7

Agent's Number

60301-22-47

Policy Number

Loan Number

Renewal Statement - The Company will renew your policy for an additional 12 months term only if payment of the premium indicated is made on or before the renewal date of this notice.

This Statement Reflects:

Effective Date: 08/13/19

New Business Reinstatement Change Of Coverage Added Coverage

\$ Previous Balance Owing

\$ Premium

\$ Membership, Policy, Reinstatement, Reissue or Service Fees

\$ Pro Rata Premium Due

\$ **2,890.00** Premium For Renewing Entire Present Coverage From 08/13/19 To 08/13/20

\$

\$

\$

\$

\$ 2,890.00 Total Charges

\$

\$ Payments

\$ Other Credits _____

\$ _____ Total Credits

\$ **- NONE -** **BALANCE DUE UPON RECEIPT**

\$ _____ Optional Amount

\$ _____ Refund

**IMPORTANT- D-O N-O-T P-A-Y T-H-I-S N-O-T-I-C-E
PREMIUM WILL BE BILLED. ACCT # F003051205-001-00001.**

State Required Notification:



California Offer of Terrorism Coverage

Named Insured: **SUNSET OAKS HOA**
Address: **675 PICASSO TER**
SUNNYVALE CA 94087-2859

Agent Number: **96-80-2K7**
Policy Number: **60301-22-47**

Read Carefully Before Signing

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1. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of its government by coercion.

You should know that coverage for losses caused by "certified acts of terrorism" is partially reimbursed by the United States government under a formula established by federal law. Under this formula, the U.S. government pays a percentage of covered terrorism losses exceeding the statutorily established deductible paid by the insurer providing the coverage. The Act contains a \$100 billion cap that limits government reimbursement and insurer liability for losses resulting from Certified Acts of Terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, terrorism coverage may be reduced. The premium charged for this coverage does not include any charges for the portion of loss covered by the federal government under the Act.

The premium cost for such coverage for "certified acts of terrorism" is calculated as a percentage of our final premium for certain coverages, per the following schedule:

Coverage	Los Angeles, Orange and San Francisco Counties	All Other Counties
Property	1.5%	1.0%
General Liability	1.5%	1.0%
Umbrella	1.0%	1.0%

In no event will the premium be greater than 1.5% of your property/liability premium.

You have the right to include this coverage for "certified acts of terrorism." If you choose to do so, you must sign this form and return it in the enclosed envelope within 30 days of the effective date of this policy.

No Reply Is Necessary To Decline This Offer.

I ACCEPT "Certified Acts of Terrorism" coverage.

Signature _____ Date _____

IMPORTANT NOTICE
(Please keep for your records)

Subscription Agreement Notice

By payment of the policy premium, you acknowledge that you have received and read the Farmers Insurance Exchange Subscription Agreement (the terms of which are provided below) and that you agree to be bound to all of the terms and conditions of the Subscription Agreement.

Under the Subscription Agreement, you appoint Truck Underwriters Association (the "Association") to act as the Attorney-in-Fact. The Association has acted in this capacity since 1935. The Subscription Agreement provides for payment of compensation to the Association for its becoming and acting as attorney-in-fact. This compensation consists of a membership fee and a percentage of premiums on all policies of insurance or reinsurance issued or effected by the Exchange. These fees are included in your policy payment and are not an additional fee.

We reserve the right to request that you provide us with a signed Subscription Agreement and if you fail to do so, your coverage may be terminated.



COMMERCIAL UMBRELLA POLICY DECLARATIONS

1. Named Insured SUNSET OAKS HOA

F003051205-001-00001

Account No.

Mailing Address 675 PICASSO TER
SUNNYVALE, CA 94087-2859

96-80-2K7

Agent No.

60301-22-47

Policy Number

Form of Business [] Individual [] Joint Venture [] Limited Liability Co.
[X] Corporation [] Partnership [] Other Organization

Business Description: Condominiums

2. Policy Period From 08-13-2019 (not prior to time applied for)
To 08-13-2020 12:01 A.M. Standard time at your mailing address shown above.

If this policy replaces other coverage that ends at noon standard time of the same day this policy begins, this policy will not take effect until the other coverage ends. This policy will continue for successive policy periods as follows: If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect.

The attorney-in-fact (AIF) or management fee for your renewed policy will never exceed 20% of the policy's premiums and will be paid out of the premiums. You may wish to consider this information in deciding whether to accept or decline this offer to renew your policy.

In return for the payment of premium and subject to all the terms of this policy, we agree with you to provide insurance as stated in this policy.

- 3. Schedule Of Underlying Insurance See Schedule Of Underlying Insurance(s) Below
4. Limit Of Insurance \$5,000,000 Policy Aggregate Limit
Self-Insured Retention \$10,000
5. Advance Premium \$2,890 (See Additional Fee Information Below)
Adjustable At A Rate Of Per Of
Minimum Earned Premium
Annual Minimum Premium

Your Agent Naomi Hayashi
948 Industrial Ave
Palo Alto, CA 94303
(650) 321-7637

Schedule Of Underlying Insurance

Type	Insurance Company	Policy Number	Policy Period	Limits of Insurance	
General/Business Liability	Farmers Insurance Exchange	60301-22-46	As Covered	General Aggregate	\$4,000,000
				Prods & Comp Ops Aggregate	\$2,000,000
				Pers & Adv Injury Limit	Included
				Each Occurrence	\$2,000,000
Commercial Automobile Liab	Not Covered				
Employer's Liability	Not Covered				
Directors & Officers Liability	Farmers Insurance Exchange	60301-22-46	As Covered	Each Claim Annual Aggregate	\$1,000,000 \$1,000,000

Policy Forms And Endorsements Attached At Inception

Number	Title
25-2984ED2	Ins Dept Address-Customer Letter
25-3037C1	Subscription Agreement-Tie
25-9200	Farmers Privacy Notice
25-9230ED3	Reminder-Review Your Coverages
31-5067	Memorandum Of Insurance
56-5379ED5	Commercial Umbrella Policy
E3139-ED1	Auto Liability Follow Form
E3145-ED1	D&o Errors & Omissions Follow Form
E3152-ED1	Coverage Limitation Exclusion
E3337-ED1	No Covg-Cert Computer Rel Losses
E4011-ED3	Mold & Microorganism Exclusion
E4019-ED1	War Liability Exclusion
E4023-ED1	Excl Of Cert/Other Acts Of Terror

Countersigned (Date)

By Authorized Representative

Schedule Of Underlying Insurance (Continued)

Type	Insurance Company	Policy Number	Policy Period	Limits of Insurance
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Additional Policy Forms And Endorsements Attached At Inception (Continued)

Number	Title
E4289-ED1	Excl-Violation Of Statutes
J6355-ED1	Change To Limits Of Insurance
J7117-ED1	Exclusion Confidential Info
J7137-ED1	Pollution Excl-Expanded Except
J7165-ED1	Pers And Advert Injury Cov
S9094-ED3	California Changes
S9937-ED1	Asbestos & Silica Exclusion End

Additional Fee Information

The following additional fees apply on an account, not a per-policy, basis.

- A **service fee** will be assessed on every installment invoice and will be included in the minimum amount due. However, if you choose to pay the entire account balance in full upon receipt of the first installment, the fee will be waived. In addition, for accounts fully enrolled in online billing and scheduled for recurring Electronic Funds Transfer (EFT) payments the fee will be waived.

State	Installment Fee
All states Except Alaska, Florida, Maryland, New Jersey And West Virginia	\$6.00
Alaska and Maryland	Not applicable
Florida	\$3.00
New Jersey	\$7.00
West Virginia	\$5.00

- A **returned payment fee** applies per check, electronic transaction or other remittance which is not honored by your financial institution for any reason including but not limited to insufficient funds or a closed account. **NOTE: If the returned payment is in response to a Notice of Cancellation, coverage still cancels on the cancellation effective date set forth in the notice.**

State	NSF Fee
All States Except Alaska, Florida, Indiana, Maine, Nebraska, New Jersey, North Dakota, Oklahoma, Virginia And West Virginia	\$30.00
North Dakota And Oklahoma	\$25.00
Nebraska And Indiana	\$20.00
Florida And West Virginia	\$15.00
Maine	\$10.00
Alaska, New Jersey And Virginia	Not applicable

- A **late fee** will be assessed on each Notice of Cancellation that is issued and will be included in the minimum amount due.

State	Late Fee
All States Except Alaska, Florida, Maryland, Missouri, Nebraska, New Jersey, Rhode Island, South Carolina, Virginia And West Virginia	\$20.00
Nebraska, Rhode Island And South Carolina	\$10.00
Alaska, Florida, Maryland, Missouri, New Jersey, Virginia And West Virginia	Not applicable

The following applies on a per-policy basis.

- A **reinstatement fee** of \$25.00 will be assessed if the policy is reinstated over 30 days but under 6 months from the cancellation date. *This fee does not apply to Florida, Indiana & Maryland or to Workers Compensation policies.*

One or more of the fees or charges described above may be deemed a part of premium under applicable state law.