



180 Sutter Street, Suite 400
San Francisco, CA 94104
Phone: 415.276.2804
Lic. No. 0757776

October 1, 2015

To the Owners of

Luma Homeowners Association
1100 South Hope Street
Los Angeles, CA 90015

Re: Insurance Portfolio

Ladies & Gentlemen:

Enclosed is the insurance disclosure per California Civil Code 5300.

Also, enclosed are the Evidence of Property Insurance and Certificate of Liability Insurance which should be forwarded to your lender. If your lender sends you a letter requesting insurance evidence showing your name and address and their name and address, please email the request to sfcerts@hubinternational.com and our certificate department will forward specific insurance proof to your lender.

NOTE THAT THERE IS A \$10,000 PROPERTY DEDUCTIBLE AND YOUR COMPLEX'S GOVERNING DOCUMENTS MAY REQUIRE THAT YOU INSURE YOUR FIXTURES/BUILDING IMPROVEMENTS, SO IT IS VERY IMPORTANT THAT YOU PURCHASE A HOMEOWNERS POLICY TO COVER YOUR FIXTURES, LOSS ASSESSMENT, PERSONAL PROPERTY, ADDITIONAL LIVING EXPENSE/RENT LOSS AND PERSONAL LIABILITY, EVEN THOSE WHO RENT THEIR UNIT. EACH UNIT OWNER COULD BE CHARGED FOR THE \$10,000 DEDUCTIBLE IN THE EVENT HE/SHE (UNIT OWNER), A RESIDENT, OR GUEST IS NEGLIGENT IN CAUSING THE LOSS, EVEN IF YOU RENT YOUR UNIT.

You may want to hold copies of these enclosed documents to give the lender if you refinance your unit. Lenders are now requiring owners to purchase a Homeowners policy (referred to as HO-6) for refinances.

Please call us if there are any questions.

Sincerely,

A handwritten signature in cursive script that reads "Dorothy McCorkindale".

Dorothy McCorkindale, CPCU
Senior Vice President

Encl.



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
10/2/2015

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		Phone (A/C, No. Ext):	415-276-2811	COMPANY	
HUB International Insurance Services Inc 180 Sutter Street, Ste 400 San Francisco, CA 94104 CA DOI License# 0757776				(A) Affiliated FM Insurance Company (FM Global Group) (B) Federal Insurance Company	
FAX (A/C, No):	EMAIL ADDRESS:		sfcerts@hubinternational.com		
CODE:	SUB CODE:				
AGENCY CUSTOMER ID#:					
INSURED		LOAN NUMBER		POLICY NUMBER	
Luma Homeowners Association c/o Action Property Management 2603 Main Street, Suite 500 Irvine, CA 92614-4261				A) SG082 B) 8224-3379	
		EFFECTIVE DATE	EXPIRATION DATE	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
		10/1/2015	10/1/2016		
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION

LOCATION/DESCRIPTION
1100 South Hope Street, Los Angeles, CA 90015 Unit: Borrower: 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) BUILDINGS, ASSOCIATION PERSONAL PROPERTY & BUSINESS INCOME Affiliated FM Pro Vision Form (excluding Earthquake); Special Form; Replacement Cost; Agreed Amount. Including Boiler & Machinery; Sublimits: \$25,000,000 Flood (Flood Deductible: \$50,000); Building Ordinance at Full policy limit; Terrorism Risk Insurance Act Included. Including Earthquake Sprinkler Leakage This association policy extends coverage to only those owners' fixtures/building improvements that the CC&Rs or governing documents state the association must insure. See attached for HO6 policies.	\$ 165,518,750	\$ 10,000 \$25,000
B) FIDELITY BOND (Includes Property Management Company)	\$ 4,000,000	\$ 10,000

REMARKS (Including Special Conditions)

438BFUNS attached to policy.

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	<input checked="" type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input checked="" type="checkbox"/> LOSS PAYEE	<input type="checkbox"/>
ANY LENDER OF RECORD AT TIME OF LOSS	LOAN #	
	AUTHORIZED REPRESENTATIVE 	

Re: HO-6 (Condominium Homeowners Policy form name)

This policy does NOT include HO-6 coverage. However, if the CC&Rs require the association, not the owners, to insure unit owners' fixtures/interior building improvements inside their apartments, the association policy will cover them but only to the extent required in the CC&Rs.

Each owner should purchase an HO6 Condominium Homeowners Policy to insure their fixtures, personal property, loss of use/additional living expense/rent loss, loss assessment and most importantly personal liability.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/2/2015

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 180 Sutter Street, Ste 400 San Francisco, CA 94104 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 Luma Homeowners Association c/o Action Property Management 2603 Main Street, Suite 500 Irvine, CA 92614-4261	INSURER A: Travelers Property Casualty Co of America
	INSURER B: Federal Insurance Company 20281
	INSURER C: Liberty Insurance Underwriters, Inc.
	INSURER D:
	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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>			630-8471L313	10/1/2015	10/1/2016	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> X LOC <input type="checkbox"/>						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS-COMP OP AGG \$ 2,000,000
							\$
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> GARAGEKEEPERS LEGAL LIABILITY			BA-2G529627	10/1/2015	10/1/2016	COMBINED SINGLE LIMIT (Ea Accident) \$ 1,000,000
			BODILY INJURY (Per Person) \$				
			BODILY INJURY (Per Accident) \$				
			PROPERTY DAMAGE (Per Accident) \$				
							Limit of Liability \$ 500,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			79879742	10/1/2015	10/1/2016	EACH OCCURRENCE \$ 50,000,000
			AGGREGATE \$ 50,000,000				
			\$				
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						\$
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If, yes, describe under DESCRIPTION OF OPERATIONS below						WC STATU-ORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> \$
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
C	Directors and Officers Liability			CAP008413-0412	6/04/2015	6/04/2016	Ea.Occ/Ann Aggregate Deductible \$ 1,000,000 \$ 1,000

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

Homeowners Association located at 1100 South Hope Street, Los Angeles, CA 90015

CERTIFICATE HOLDER**CANCELLATION**

ANY LENDER OF RECORD AT TIME OF LOSS

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

AUTHORIZED REPRESENTATIVE

Dorothy McCorkindale

Dorothy McCorkindale