



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
10/3/2016

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 HUB International Insurance Services Inc 580 California Street, Ste 1300 San Francisco, CA 94104 CA DOI License# 0757776		Phone (A/C, No. Ext): 415-276-2811	COMPANY (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 Luma Homeowners Association c/o Action Property Management 2603 Main Street, Suite 500 Irvine, CA 92614-4261		LOAN NUMBER	POLICY NUMBER A) SG430 B) 8224-3379	
		EFFECTIVE DATE 10/1/2016	EXPIRATION DATE 10/1/2017	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
		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 ProVision 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
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  ANY LENDER OF RECORD AT TIME OF LOSS	<input checked="" type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input checked="" type="checkbox"/> LOSS PAYEE	<input type="checkbox"/>
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)

10/3/2016

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).

<b>PRODUCER</b>  HUB International Insurance Services Inc 580 California Street, Ste 1300 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 #
<b>INSURED</b>  Luma Homeowners Association c/o Action Property Management 2603 Main Street, Suite 500 Irvine, CA 92614-4261	<b>INSURER A:</b> Travelers Property Casualty Co of America
	<b>INSURER B:</b> Federal Insurance Company 20281
	<b>INSURER C:</b> Liberty Insurance Underwriters, Inc.
	<b>INSURER D:</b> Travelers Indemnity Company of Connecticut
	<b>INSURER E:</b>

**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			630-8471L313	10/1/2016	10/1/2017	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS-COMP OP AGG \$ 2,000,000
							\$
GEN'L AGGREGATE LIMIT APPLIES PER:							
	POLICY	PRO-JECT	<input checked="" type="checkbox"/>	LOC			\$
D	AUTOMOBILE LIABILITY			BA-2G529627	10/1/2016	10/1/2017	COMBINED SINGLE LIMIT (Ea Accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per Person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per Accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per Accident) \$
	<input checked="" type="checkbox"/> GARAGEKEEPERS LEGAL LIABILITY						Limit of Liability \$ 500,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		79879742	10/1/2016	10/1/2017	EACH OCCURRENCE \$ 50,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 50,000,000
	DED	RETENTION \$					\$
	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATU-ORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>					OTH-ER
	If, yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
C	Directors and Officers Liability			CAP008413-0512	6/04/2016	6/04/2017	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 POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERD IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  Dorothy McCorkindale