



Wells Fargo Insurance Services USA, Inc.
CA DOI# 0D08408
45 Fremont Street, Suite 800
San Francisco, CA 94105
Tel 415 541-7900
Fax 415 541-7195
Toll Free 800 648-1600

October 1, 2012

To all Owners of

Alicante Owners Association
475 Redwood Street
San Diego, CA 92103

Re: Insurance

Ladies & Gentlemen:

Enclosed is the disclosure per California Civil Code 1365.

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 fax it to our office, attention CSU Team, fax number (866) 495-4735 or email to sanfrancisco.certs@wellsfargo.com and they 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 APARTMENTS. EACH UNIT OWNER COULD BE CHARGED FOR THE \$10,000 DEDUCTIBLE IN THE EVENT HE (unit-owner), A RESIDENT, OR GUEST IS NEGLIGENT IN CAUSING THE LOSS, EVEN IF YOU RENT YOUR CONDO.

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

Please call us if there are any questions.

Sincerely,

Dorothy McCorkindale, CPCU
Senior Vice President

Encl.

Together we'll go far





EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

10/1/2012

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 Wells Fargo Insurance Services USA, Inc. 45 Fremont Street, Suite 800 San Francisco, CA 94105 CA DOI License #0D08408		Phone (A/C, No. Ext): 800 648-1600	COMPANY (A) Affiliated FM Insurance Company (FM Global Group) (B) Federal Insurance Company	
FAX (A/C, No): 415 541-7195	EMAIL ADDRESS: www.wellsfargo.com/wfis			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID#:				
INSURED Alicante Owners Association 475 Redwood Street San Diego, CA 92103		LOAN NUMBER	POLICY NUMBER A) SF215 B) 8224-3379	
		EFFECTIVE DATE 10/1/2012	EXPIRATION DATE 10/1/2013	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
		THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION

LOCATION/DESCRIPTION

Alicante Owners Association. Re: 475 Redwood Street, 3088 5th Avenue, 312 5th Avenue, San Diego, CA 92103

Unit:

Borrower: Any Unit Owners 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; Including Building Ordinance Increased Cost of Construction, Building Ordinance Demolition; Replacement Cost; Agreed Amount, 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.	\$40,250,000	\$ 10,000
B) FIDELITY BOND	\$ 3,000,000	\$ 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 		

ACORD 27 (2009/12)

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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)

10/1/2012

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 Wells Fargo Insurance Services USA, Inc. COI: 0D08408 45 Fremont Street, Suite 800 San Francisco, CA 94105	CONTACT NAME:	
	PHONE (A/C No. Ext.) 415-541-7900	FAX (a/c, No.): 415-541-7195
E-MAIL:		
ADDRESS:		
PRODUCER CUSTOMER ID#:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Alicante Owners Association 475 Redwood Street San Diego, CA 92103	INSURER A: Travelers Property Casualty Co of America	25674
	INSURER B: Federal Insurance Company	20281
	INSURER C: National Union Fire Insurance Company of Pittsburgh, PA	19445
	INSURER D:	
	INSURER E:	
INSURER F:		

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			6608461L227	10/1/2012	10/1/2013	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				
A	AUTOMOBILE LIABILITY			8108461L239	10/1/2012	10/1/2013	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	10/1/2012	10/1/2013	EACH OCCURRENCE	\$ 50,000,000	
	<input type="checkbox"/> EXCESS LIAB		CLAIMS-MADE				AGGREGATE	\$ 50,000,000	
	<input type="checkbox"/> DED		RETENTION \$					\$	
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-ORY LIMITS	OTH-ER	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT		\$
	If, yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE		\$
							E.L. DISEASE - POLICY LIMIT		\$
C	Directors and Officers Liability			06-044-03-81	10/1/2011	10/1/2013	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 RE: 475 Redwood Street, 3088 5th Avenue, 312 5th Avenue, San Diego, CA 92103**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