



Socher Insurance Agency
1065 E. Hillsdale Blvd., Suite 425
Foster City, CA 94404-1613

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hoainsurance.net
CA Broker License No. 0C97535

Laguna Oaks Pleasanton Owners Association Civil Code 5300(b)(9) Disclosure Summary Form

Property: Philadelphia Indemnity Insurance Company: 07/26/14 – 07/26/15
\$519,950 Blanketed Common Area Property Limit. \$1,000 Deductible

General Liability: Philadelphia Indemnity Insurance Company: 07/26/14 – 07/26/15
\$1,000,000 per Occurrence/\$2,000,000 General Aggregate with a \$0 Deductible.
\$1,000,000 Non-Owned and Hired Automobile Liability is included in this policy.

Umbrella Liability: Greenwich Insurance Company: 07/26/14 – 07/26/15
\$5,000,000 Umbrella Liability Limit. \$0 Deductible

Directors and Officers Liability: Great American Insurance Company 07/26/14 – 07/26/15
\$1,000,000 Directors & Officers Liability Limit. \$1,000 Deductible.

Fidelity Bond: Philadelphia Indemnity Insurance Company: 07/26/14 – 07/26/15
\$300,000 Fidelity Bond Coverage. \$5,000 Deductible.

Earthquake (DIC): No coverage exists through our Agency.

Workers Compensation: Security National Insurance Company: 07/26/14 – 07/26/15
\$1,000,000 Workers Compensation Coverage. \$0 Deductible

Flood: No coverage exists through our Agency.

This summary of the association's policies of insurance provides only certain information, as required by subdivision (b) of Section 5300 of the Civil Code, and should not be considered a substitute for the complete policy terms and conditions contained in the actual policies of insurance. Any association member may, upon request and provision of reasonable notice, review the association's insurance policies and, upon request and payment of reasonable duplication charges, obtain copies of those policies. Although the association maintains the policies of insurance specified in this summary, the association's policies of insurance may not cover your property, including personal property or real property improvements to or around your dwelling, or personal injuries or other losses that occur within or around your dwelling. Even if a loss is covered, you may nevertheless be responsible for paying all or a portion of any deductible that applies. Association members should consult with their individual insurance broker or agent for appropriate additional coverage.

****For lender specific Evidence of Insurance please call EOI Direct at 877-456- 3643 For general proof of insurance please contact Socher Insurance at 877-317- 9300****



CERTIFICATE OF LIABILITY INSURANCE

OP ID: JEE

DATE (MM/DD/YYYY)
07/28/2014

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 Socher Insurance Agency, Inc. 1065 East Hillsdale Boulevard Suite 425 Foster City, CA 94404 House Account	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No):		
	E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: LAGUN-4		
INSURED Laguna Oaks Pleasanton Owners Association c/o Homeowners Assn. Serv. 2266 Camino Ramon San Ramon, CA 94583	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Philadelphia Indemnity Ins Co		
	INSURER B : Greenwich Insurance Company		
	INSURER C : Security National Insurance Co		
	INSURER D : Great American Insurance Co.		
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			PHPK1210290	07/26/2014	07/26/2015	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<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
								\$
A	AUTOMOBILE LIABILITY			PHPK1210290	07/26/2014	07/26/2015	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS							\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		PPP7449393L14A-10	07/26/2014	07/26/2015	EACH OCCURRENCE	\$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$ 5,000,000
	<input type="checkbox"/> DEDUCTIBLE							\$
	<input checked="" type="checkbox"/> RETENTION \$ 0							\$
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			TBD	07/26/2014	07/26/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Directors and Officers Liability			EPP5666793-11	07/26/2014	07/26/2015	Limit	1,000,000
							Retention	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Coverage is for Common Area only. Coverage does not extend to the lots and/or any privately owned units whether owner or tenant occupied within the PUD.

CERTIFICATE HOLDER**CANCELLATION**

FORINFO

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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