

**WESTPORT VILLAGE AT IRONGATE
OWNERS ASSOCIATION**

INSURANCE SUMMARY
10/14/2023 TO 10/14/2024

PROPERTY

Insurance Carrier: Mid-Century Insurance Company

Building Limit at Extended Replacement:	\$120,427,283
Business Personal Property	\$ 1,800
Uncollected HOA Fees/Dues from a Covered Loss:	\$ 100,000
Building Ordinance Coverage:	
Contingent Liability	\$ 80,284,855
Demolition	\$ 2,098,420
Increased Cost of Construction	\$ 2,098,420
Specified Property (Walls, Walks, Fences)	\$ 122,000
Deductible:	\$ 5,000

Note this policy includes Condo Unit Interior Coverage: Provides coverage for Improvements, Alterations, Betterments and all Permanently Installed Fixtures and Appliances, as part of the Blanket Building Coverage.

CRIME-EMPLOYEE DISHONESTY

Insurance Carrier: Mid-Century Insurance Company

Limit of Insurance:	\$ 10,000
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COMPREHENSIVE GENERAL LIABILITY

Insurance Carrier: Mid-Century Insurance Company

Bodily Injury/Property Damage Limit:	\$ 1,000,000 per occurrence/ \$ 2,000,000 aggregate
Premises Medical Payments:	\$ 5,000

DIRECTORS & OFFICERS LIABILITY

Insurance Carrier: Mid-Century Insurance Company

Liability Limit	\$ 1,000,000 per occurrence/ \$ 1,000,000 aggregate
Deductible	\$ 1,000

Includes discrimination, libel & slander, property manager as additional insured

(Continued on Next Page)

Full-Service Insurance Agency

817 Mission Avenue • San Rafael • California 94901

📞 415-454-0100 📠 415-454-8311 📞 Toll Free 888-822-4INS(4467) 🌐 www.michaelmillerinsurance.com

California Insurance License 0541868

COMMERCIAL LIABILITY UMBRELLA

Insurance Carrier: Truck Insurance Exchange

General Liability Limit	\$5,000,000 per occurrence/ \$5,000,000 aggregate
Directors & Officers Liability Limit	\$5,000,000 per occurrence/ \$5,000,000 aggregate

WORKERS COMPENSATION: No coverage in force with our Agency.

EARTHQUAKE/DIC: No coverage in force with our Agency.

FLOOD: No coverage in force with our Agency.

NOTE: This master policy does NOT cover personal property or personal liability of either the unit owner or tenant.

This summary of the association's policies of insurance provides only certain information, as required by subdivision (e) of Section 5300 (b) (9) 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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/28/2024

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 have ADDITIONAL INSURED provisions or 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 Michael Miller Insurance 817 Mission Avenue San Rafael, CA 94901 License #: 0541868	CONTACT NAME: Rosemary Season PHONE (A/C, No, Ext): (415)454-0100 E-MAIL ADDRESS: rosemary@michaelmillerinsurance.com	FAX (A/C, No): (415)454-8311
	INSURER(S) AFFORDING COVERAGE	
INSURED Westport Village at Irongate Owners Association c/o HOA Alchemy 7315 Lemberg Hills Court Dublin, CA 94568	INSURER A : Mid-Century Insurance Company	
	INSURER B : Truck Insurance Exchange	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER: 00001884-0** **REVISION NUMBER: 1**

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		60623-90-64	10/14/2023	10/14/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 75,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Deductible \$ None
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		60623-90-64	10/14/2023	10/14/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y		60701-16-72	10/14/2023	10/14/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Directors & Officers	Y		60623-90-64	10/14/2023	10/14/2024	Per Occurrence 1,000,000
A	Crime/Fidelity Bond	Y		60623-90-64	10/14/2023	10/14/2024	Per Occurrence 10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is additional insured in respects to property management services provided to the insured.

CERTIFICATE HOLDER HOA Alchemy 7315 Lemberg Hills Court Dublin, CA 94568	CANCELLATION 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 (RSN)

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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
02/28/2024

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 Michael Miller Insurance 817 Mission Avenue San Rafael, CA 94901		PHONE (A/C. No. Ext): (415)454-0100	COMPANY Mid-Century Insurance Company	
FAX (A/C. No): (415)454-8311	E-MAIL ADDRESS: rosemary@michaelmillerinsurance.com			
CODE: AGENCY CUSTOMER ID #: 00001884	SUB CODE:			
INSURED Westport Village at Irongate Owners Association c/o HOA Alchemy 7315 Lemberthills Court Dublin, CA 94568		LOAN NUMBER -----	POLICY NUMBER 60623-90-64	
		EFFECTIVE DATE 10/14/2023	EXPIRATION DATE 10/14/2024	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION
 Dwelling located at
 4050-4090 Kinsale St; 3062-3198 Maguire Way; 1000-1036 Cashel Rd
 3106-3180 Aran Way; 3951-4065 Clare St.
 Dublin, CA 94568

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

PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL		
COVERAGE / PERILS / FORMS					
				AMOUNT OF INSURANCE	DEDUCTIBLE
Blanket Building Coverage at Extended Replacement				120,427,283	5,000
Equipment Breakdown				80,284,855	
Building Ordinance: Loss to Undamaged Property				80,284,855	
Building Ordinance: Demolition				2,098,420	
Building Ordinance: Increased Cost of Construction				2,098,420	
Crime/Fidelity Bond (extends to property manager)				10,000	500
General Liability: \$1,000,000 per occurrence/\$2,000,000 aggregate					
Commercial Liability Umbrella: \$5,000,000					
Includes TRIA, Wind, Inflation Guard, Separation of Insureds, 30 day notice of cancellation					

REMARKS (Including Special Conditions)


INCLUDES WALLS-IN COVERAGE – See Attached Endorsement #E3418
 Property coverage is for structure(s) including the finished walls, permanently installed appliances and fixtures and improvements and betterments within the replacement cost limit.

Total number of units: 122

CANCELLATION

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

ADDITIONAL INTEREST

NAME AND ADDRESS Evidence of Insurance	<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE		
	LOAN # -----		
AUTHORIZED REPRESENTATIVE 			
RSN			

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CONDOMINIUM ASSOCIATION UNIT COVERAGE ENDORSEMENT

This endorsement modifies insurance provided under the following:

CONDOMINIUM PROPERTY COVERAGE FORM

Item **a.** under **A. 2. Property Not Covered** in the CONDOMINIUM PROPERTY COVERAGE FORM is deleted in its entirety. Item **A.1. a. (6)** under **1. Covered Property** is added as follows:

(6) Any of the following types of property contained within a residential unit:

- (a)** Fixtures, improvements and alterations that are a part of the building or structure; and
- (b)** Permanently installed appliances, such as those used for refrigerating, ventilating, cooking, dishwashing, laundering, security or housekeeping.

However, the most we will pay for loss or damage to the property in Paragraph **(6)(a)** and **(b)** above in any one occurrence is the Limit of Insurance shown in the Declarations for Buildings.