



**ADDITIONAL REMARKS SCHEDULE**

|  |                             |                                   |  |
|--|-----------------------------|-----------------------------------|--|
| AGENCY<br><b>Berg Insurance Agency</b> |                             | License # 0118113                 | NAMED INSURED<br><b>Pepper Townehomes Association<br/>Santee, CA 92071</b> |
| POLICY NUMBER<br><b>SEE PAGE 1</b>     |                             |                                   |  |
| CARRIER<br><b>SEE PAGE 1</b>           | NAIC CODE<br><b>SEE P 1</b> | EFFECTIVE DATE: <b>SEE PAGE 1</b> |  |

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

**2022/2023**

Insurer D) **Lexington Insurance Company/Palms Insurance Company**  
**Building Policy #01719470800/PLM0019100 Effective 05/15/2022 - 05/15/2023**  
**\$5,000,000 Limit \$25,000 Deductible/\$250,000 Wildfire & Wildfire Smoke Deductible/\$100,000 Water Damage**  
**& Sprinkler Leakage Deductible**

**Civil Code §5300 Insurance Disclosure Prepared for  
Pepper Townehomes Association**

**Property Coverage**

- |                     |   |
|---------------------|---|
|                     | Policy # - 01719470800/PLM0019100   |
| 1. Name of Insurer: | Lexington Insurance/Palms Insurance Company   |
| 2. Policy Limits:   | \$5,000,000   |
| 3. Deductible:      | \$25,000 per occurrence/\$100,000 Water Damage<br>\$250,000 Wildfire & Wildfire Smoke |
| 4. Effective Dates: | 5/15/2022 to 5/15/2023  |

**\*\*ALL INTERIOR COVERAGE EXCLUDED\*\***

**D&O Coverage**

- |                     |   |
|---------------------|---|
|                     | Policy # - CAP1565533                     |
| 1. Name of Insurer: | United States Liability Insurance Company |
| 2. Policy Limits:   | \$1,000,000                               |
| 3. Deductible:      | \$5,000 per occurrence                    |
| 4. Effective Dates: | 2/4/2022 to 2/4/2023                      |

**Fidelity Bond Coverage**

- |                     |  |
|---------------------|--|
|                     | Policy # - 4122011375914Y/G72565198001 |
| 1. Name of Insurer: | PMA Insurance Group                    |
| 2. Policy Limits:   | \$1,900,000                            |
| 3. Deductible:      | \$10,000 per occurrence                |
| 4. Effective Dates: | 2/4/2022 to 2/4/2023                   |

**Workers Comp Coverage**

- |                     |                              |
|---------------------|------------------------------|
|                     | Policy # - TWC4077929        |
| 1. Name of Insurer: | Technology Insurance Company |
| 2. Policy Limits:   | \$1,000,000 Statutory Limits |
| 3. Deductible:      | None                         |
| 4. Effective Dates: | 2/4/2022 to 2/4/2023         |

**“This summary of the association’s policies of insurance provides only certain information, as required by 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.”**



UNIT OWNERS' INSURANCE NEEDS

**Personal Property Coverage**

The Association Master Policy does not cover a unit owner's personal property and may have limited or excluded coverage for the fixtures and improvements to the unit interior. This coverage should be obtained with a "Contents Replacement Cost" endorsement, which will replace damaged property without deduction for depreciation.

**Loss of Use**

If the unit is unlivable due to a covered loss, this coverage will pay for the unit owner's additional living expense. For rental units, the coverage pays the lost income to the unit owner while the unit is vacant due to a covered loss. An insurance professional can help determine an adequate limit for this coverage.

**Loss Assessment**

This coverage will pay a special assessment levied by the association to the membership due to an insured loss exceeding the association's master policy limits. This is not coverage for common area maintenance assessments.

**Personal Liability**

This coverage pays for the bodily injury or property damage to a third party if the unit owner is liable due to unintentional acts. It also covers family members, sporting activities and injury caused by pets.

**California Earthquake Authority (CEA)**

Coverage is available through this state-run program, or similar programs operated by individual insurance carriers, for damage incurred in the event of an earthquake. Contact an insurance professional or go to [earthquakeauthority.com](http://earthquakeauthority.com) for more information.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/17/2022

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<br><b>Webster Insurance Agency, Inc.</b><br>8315 La Mesa Blvd.<br>La Mesa, CA 91942<br>License #: 0M08728 | CONTACT NAME: Daniel Webster                                   |
|  | PHONE (A/C, No, Ext): 619 433-3801 FAX (A/C, No): 619 741-1047 |
|  | E-MAIL ADDRESS: dan@websterinsur.com                           |
|  | INSURER(S) AFFORDING COVERAGE                                  |
|  | INSURER A : LIBERTY MUTUAL INSURANCE CO                        |
| INSURED<br><b>Pepper Townhomes Association</b><br>10769 Woodside Ave Unit 210<br>Santee, CA 92071                  | INSURER B :  |
|  | INSURER C :  |
|  | INSURER D :  |
|  | INSURER E :  |
|  | INSURER F :  |

## COVERAGES

CERTIFICATE NUMBER: 00010999-56760

REVISION NUMBER: 5

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<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR   |           |          | BKO (23) 64733146 | 05/15/2022              | 05/15/2023              | EACH OCCURRENCE                           | \$ 1,000,000 |
|          |   |           |          |                   |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 500,000   |
|          |   |           |          |                   |                         |                         | MED EXP (Any one person)                  | \$ 15,000    |
|          |   |           |          |                   |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |
|          |   |           |          |                   |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |
|          |   |           |          |                   |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 2,000,000 |
|          |   |           |          |                   |                         |                         |   | \$           |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY |           |          |                   |                         |                         | COMBINED SINGLE LIMIT (Ea accident)       | \$           |
|          |   |           |          |                   |                         |                         | BODILY INJURY (Per person)                | \$           |
|          |   |           |          |                   |                         |                         | BODILY INJURY (Per accident)              | \$           |
|          |   |           |          |                   |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|          |   |           |          |                   |                         |                         |   | \$           |
|          | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  |           |          |                   |                         |                         | EACH OCCURRENCE                           | \$           |
|          |   |           |          |                   |                         |                         | AGGREGATE                                 | \$           |
|          |   |           |          |                   |                         |                         |   | \$           |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          |                   |                         |                         | PER STATUTE                               | OTH-ER       |
|          |   |           |          |                   |                         |                         | E.L. EACH ACCIDENT                        | \$           |
|          |   |           |          |                   |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |
|          |   |           |          |                   |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

Proof of Insurance

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

(DLW)

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