

STOCK COMPANY

COMMERCIAL LINES POLICY

WESTERN WORLD
INSURANCE COMPANY
KEENE, NEW HAMPSHIRE



Policy No. NPP1239721

RENEWAL OF NO. NPP1138818

COMMON POLICY DECLARATIONS

Named Insured and Mailing Address: (No., Street, City, State, Zip Code)
CAMPOLINDO HOMEOWNERS ASSOCIATION
CAMPOLINDO CABANA CLUB SWIM TEAM
PO BOX 6281
MORAGA, CA 94570

AGT / BKR # 04102

Producer

C/O BLISS & GLENNON, INC

Policy Period: (Mo. Day Yr.)

From 09/30/2009 To 09/30/2010 12:01 A.M., standard time at your mailing address shown above.

The named insured is:

Individual Partnership Corporation Other ASSOCIATION

Location of Business: (Enter "same" if same location as above)
3799-3811 CAMPOLINDO DR., MORAGA, CA 94570

Business Description:
HOMEOWNERS ASSOCIATION

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGES FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Commercial Property Coverage Part	\$	_____
Commercial Liability Coverage Part	\$	8,070.00
Terrorism Risk Insurance Act	\$	_____
Other: _____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
TOTAL ADVANCE PREMIUM	\$	8,070.00
OTHER CHARGES	\$	_____
	\$	_____

Forms applicable to all Coverage Parts (Show number and edition date)	TOTAL 8070.00
See SCHEDULE OF FORMS AND ENDORSEMENTS	TOTAL ADV PREM \$
	POLICY FEE \$ 200.00
	STATE TAX \$ 242.10
	STAMP FEE \$ 18.15
	GRAND TOTAL \$ 8,530.25

2010 Yr
\$ 8233.

Countersigned:

GD
10/23/2009 nlo

By Robert P. Abraham
Authorized Representative

THESE DECLARATIONS TOGETHER WITH THE COVERAGE PART DECLARATIONS, THE COMMON POLICY CONDITIONS, COVERAGE FORM(S), AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

AGENT

WW230 06/04

DECLARATIONS EXCESS LIABILITY POLICY

COLONY INSURANCE COMPANY
8720 STONY POINT PARKWAY
SUITE 300
RICHMOND, VA 23235

POLICY NUMBER
XS160667

RENEWAL OF:
XS160667

ITEM 1. NAMED INSURED AND MAILING ADDRESS

CAMPOLINDO HOMEOWNERS ASSOC.
P.O. BOX 6281
MORAGA, CA 94570

AGENT NAME AND ADDRESS

BLISS & GLENNON, INC. (MORGAN HILL)
18630 SUTTER BLVD.
MORGAN HILL, CA 95038

PRODUCER: 04262

ITEM 2. POLICY PERIOD

From: 09/30/2009 To: 09/30/2010

12:01 A.M. Standard Time at your mailing address

ITEM 3. BUSINESS DESCRIPTION: HOMEOWNERS ASSOCIATION

ITEM 4. LIMIT OF INSURANCE:

A.	Each Claim Limit (Other than Expense Limit).....	<u>\$2,000,000.00</u>
B.	General Aggregate Limit (Other than Expense Limit).....	<u>\$2,000,000.00</u>
C.	Expense Limit – Each Claim.....	N/A
D.	Aggregate Expense Limit.....	N/A

ITEM 5. SCHEDULE OF UNDERLYING INSURANCE:

See Schedule A – Schedule of Underlying Insurance

ITEM 6. PREMIUM COMPUTATION:

☞	Premium.....	<u>\$3,150.00</u>
☞	Subject to Adjustment:	
	Estimated Deposit Premium	\$ _____
	Estimated Exposure Base: _____	
	Rate: _____ Per: _____	
	Policy Minimum Premium	\$ _____
	Audit Period:	
	Premium charge for coverage of certified acts of terrorism:.....	\$ _____
	(Per Policyholder Disclosure TRIA2002Notice-0108 attached.)	
	OR	
	Coverage for certified acts of terrorism has been rejected; exclusion attached. <input checked="" type="checkbox"/>	
	(Per Policyholder Disclosure TRIA2002Notice-0108 attached.)	

TOTAL POLICY PREMIUM: \$3,150.00

*Year 2010
\$2520.*

ITEM 7. ENDORSEMENTS ATTACHED TO THE POLICY AT INCEPTION:

See Form U001 – Schedule of Forms and Endorsements

NOV 03 2009

DATE

Countersigned by

[Signature]

AUTHORIZED REPRESENTATIVE

THIS EXCESS LIABILITY DECLARATIONS WITH THE COVERAGE FORM AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

ISSUED 10/07/2009 JL

XP0001D EX (01/08)

Community Association Policy

Declarations

WITH RESPECT TO ASSOCIATION LIABILITY COVERAGE PART, THIS IS A CLAIMS MADE POLICY AND, SUBJECT TO ITS PROVISIONS, APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE NAMED ENTITY INSURED DURING THE POLICY PERIOD. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT THAT, THE EXTENDED REPORTING PERIOD APPLIES. THE CRIME COVERAGE PART APPLIES TO A COVERED LOSS SUSTAINED RESULTING FROM ACTS OR EVENTS OCCURRING DURING THE POLICY PERIOD UNLESS CERTAIN CONDITIONS CONCERNING PRIOR INSURANCE ARE MET. DEFENSE COSTS INCURRED UNDER COVERAGE PARTS A REDUCE THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTION. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

NAMED ENTITY AND MAILING ADDRESS		NAMED ENTITY NUMBER AND PHYSICAL ADDRESS	
Item 1. CAMPOLINDO HOMEOWNERS ASSOCIATION P.O. BOX 8281 Moraga, CA 94558		CAMPOLINDO HOMEOWNERS ASSOCIATION P.O. BOX 8281 Moraga, CA 94558	
POLICY NUMBER		INSURER	
0250605341		Continental Casualty Company CNA Plaza, Chicago, IL 60685	

Item 2. Policy Period: 9/30/2009 to 9/30/2010
12:01 a.m. local time at the address stated in Item 1.

Item 3. Policy Premium: \$4,532.00

Item 4. Notices to Insurer:

Claims: Claim Manager
CNA Global Specialty Lines
40 Wall Street, 8th Floor
New York, New York 10005

All other notices:
Ian H. Graham, a division of AIS Affinity
Insurance Agency, Inc. (Insurance License # 0795465)
dba AON Direct Insurance
Administrators: dba Berkely Insurance Agency
Managing General Underwriter
5161 Lankershim Blvd.
North Hollywood, CA 91601

Year 2010
\$ 3625.00

Item 5. Coverage:

This Policy is issued with the Limits of Liability and Retentions set forth, subject to the Prior or Pending Date, if applicable all as set forth in the schedule below.

Defense Costs are included within the applicable limit of liability for Association Liability Coverage Part. Defense costs are neither covered nor included within the applicable limits(s) of liability for the Crime Coverage Part.

This Policy includes only those coverages designated with a "Yes" as "Included" in column 1 of the Coverage Schedule set forth below. If neither "Yes" or "No" is designated for a Coverage Part or a specific Crime Coverage Part Insuring Agreement, such Coverage Part or specific Crime Coverage Part Insuring Agreement is not included.





Administrative Offices
580 Walnut Street
Cincinnati, Ohio 45202
Tel: 1-513-369-5000

Policy No. CPP 820-25-42 - 02
Renewal Of CPP 820-25-42 - 01

BUSINESSPRO® POLICY COMMON DECLARATIONS

OCT 21 2009

NAMED INSURED CAMPOLINDO HOMEOWNERS ASSOC

**AND ADDRESS: P.O. BOX 6281
MORAGA, CA 94570**

**IN RETURN FOR PAYMENT OF THE
PREMIUM, AND SUBJECT TO ALL
TERMS OF THIS POLICY, WE AGREE
WITH YOU TO PROVIDE THE INSURANCE
AS STATED IN THIS POLICY.**

**AGENT'S NAME AND ADDRESS:
NETWORKED INSURANCE AGENTS**

**988 MCCOURTNEY RD STE B
GRASS VALLEY, CA 95949 7400**

**Insurance is afforded by the Company named below, a Capital Stock Corporation:
GREAT AMERICAN INSURANCE COMPANY OF NEW YORK**

**POLICY PERIOD: From 09/30/2009 To 09/30/2010
12:01 A.M. Standard Time at the address of the Named Insured**

**This policy consists of the following Coverage Parts for which a premium is
indicated. This premium may be subject to adjustment.**

	Premium
Commercial Property	\$3,420.00
Commercial General Liability	
Commercial Crime and Fidelity	
Commercial Inland Marine	
Commercial Equipment Breakdown	
Commercial Auto	
Commercial Umbrella	

*Year 2010
3420.
Flat*

TOTAL \$3,420.00

**FORMS AND ENDORSEMENTS applicable to all Coverage Parts and made part of this
Policy at time of issue are listed on the attached Forms and Endorsement
Schedule, IL 88 01 (11/85).**

Countersigned _____
Date

By _____
Authorized Representative