



STATE FARM GENERAL INSURANCE COMPANY
A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

Po Box 853925
Richardson, TX 75085-3925

Named Insured

AT2 M-23-3520-FB85 F V

002623 3125
ALICANTE PARK HOMEOWNERS ASSN
PO BOX 1392
LA MIRADA CA 90637-1392



RENEWAL DECLARATIONS

Policy Number	92-09-7067-7	
Policy Period	Effective Date	Expiration Date
12 Months	MAR 7 2017	MAR 7 2018
The policy period begins and ends at 12:01 am standard time at the premises location.		

Agent and Mailing Address

ENA M ALCARAZ
17814 WOODRUFF AVE STE 1
BELLFLOWER CA 90706-7000

PHONE: (562) 866-2250

0107-ST-0001

Residential Community Association Policy

Automatic Renewal - If the **policy period** is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Entity: HOMEOWNERS ASSOCIATION

NOTICE: Information concerning changes in your policy language is included. Please call your agent if you have any questions.

POLICY PREMIUM \$ 10,177.00

Discounts Applied:
Renewal Year
Multiple Unit
Claim Record

Prepared
DEC 23 2016
CMP-4000

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for ALICANTE PARK HOMEOWNERS ASSN
 Policy Number 92-09-7067-7

SECTION I - PROPERTY BLANKET

Coverage A - Buildings
 Coverage B - Business Personal Property

Limit of Insurance*
 \$ 6,854,900
 No Coverage

Location Number	Location of Described Premises
001	15906-15912 ALICANTE RD LA MIRADA CA 90638-3232
002	15920-15926 ALICANTE RD LA MIRADA CA 90638-3233
003	15942-15948 ALICANTE RD LA MIRADA CA 90638-3234
004	15956-15962 ALICANTE RD LA MIRADA CA 90638-3235
005	15914-15918 ALICANTE RD LA MIRADA CA 90638-3232
006	15928-15932 ALICANTE RD LA MIRADA CA 90638-3233
007	15936-15940 ALICANTE RD LA MIRADA CA 90638-3234
008	15950-15954 ALICANTE RD LA MIRADA CA 90638-3235

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for ALICANTE PARK HOMEOWNERS ASSN
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AUXILIARY STRUCTURES

Location Number	Description
001A	Pool
001B	CLUBHOUSE
001C	Driveway, sidewalk, etc.

* As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage.

SECTION I - INFLATION COVERAGE INDEX(ES)

Inflation Coverage Index: 181.6

SECTION I - DEDUCTIBLES

Basic Deductible \$5,000

Special Deductibles:

Money and Securities \$250 Employee Dishonesty \$250
 Equipment Breakdown \$2,500

Other deductibles may apply - refer to policy.

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for ALICANTE PARK HOMEOWNERS ASSN
 Policy Number 92-09-7067-7

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH DESCRIBED PREMISES

The coverages and corresponding limits shown below apply separately to each described premises shown in these Declarations, unless indicated by "See Schedule." If a coverage does not have a corresponding limit shown below, but has "Included" indicated, please refer to that policy provision for an explanation of that coverage.

COVERAGE	LIMIT OF INSURANCE
Collapse	Included
Damage To Non-Owned Buildings From Theft, Burglary Or Robbery	Coverage B Limit
Debris Removal	25% of covered loss
Equipment Breakdown	Included
Fire Department Service Charge	\$5,000
Fire Extinguisher Systems Recharge Expense	\$5,000
Glass Expenses	Included
Increased Cost Of Construction And Demolition Costs (applies only when buildings are insured on a replacement cost basis)	10%
Newly Acquired Business Personal Property (applies only if this policy provides Coverage B - Business Personal Property)	\$100,000
Newly Acquired Or Constructed Buildings (applies only if this policy provides Coverage A - Buildings)	\$250,000
Ordinance Or Law - Equipment Coverage	Included
Preservation Of Property	30 Days
Water Damage, Other Liquids, Powder Or Molten Material Damage	Included

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for ALICANTE PARK HOMEOWNERS ASSN
 Policy Number 92-09-7067-7

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH COMPLEX

The coverages and corresponding limits shown below apply separately to each complex as described in the policy.

COVERAGE	LIMIT OF INSURANCE
Accounts Receivable	
On Premises	\$50,000
Off Premises	\$15,000
Arson Reward	\$5,000
Forgery Or Alteration	\$10,000
Money And Securities (Off Premises)	\$5,000
Money And Securities (On Premises)	\$10,000
Money Orders And Counterfeit Money	\$1,000
Outdoor Property	\$5,000
Personal Effects (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Personal Property Off Premises	\$15,000
Pollutant Clean Up And Removal	\$10,000
Property Of Others (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Signs	\$2,500
Valuable Papers And Records	
On Premises	\$10,000
Off Premises	\$5,000

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for ALICANTE PARK HOMEOWNERS ASSN
 Policy Number 92-09-7067-7

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - PER POLICY

The coverages and corresponding limits shown below are the most we will pay regardless of the number of described premises shown in these Declarations.

COVERAGE	LIMIT OF INSURANCE
Back-Up of Sewer or Drain	Included
Employee Dishonesty	\$50,000
Loss Of Income And Extra Expense	Actual Loss Sustained - 12 Months

SECTION II - LIABILITY

COVERAGE	LIMIT OF INSURANCE
Coverage L - Business Liability	\$2,000,000
Coverage M - Medical Expenses (Any One Person)	\$5,000
Damage To Premises Rented To You	\$300,000
Directors And Officers Liability	\$2,000,000
AGGREGATE LIMITS	LIMIT OF INSURANCE
Products/Completed Operations Aggregate	\$4,000,000
General Aggregate	\$4,000,000
Directors and Officers Aggregate	\$2,000,000

Each paid claim for Liability Coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II - Liability in the Coverage Form and any attached endorsements.

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for ALICANTE PARK HOMEOWNERS ASSN
Policy Number 92-09-7067-7



Your policy consists of these Declarations, the BUSINESSOWNERS COVERAGE FORM shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

0407-ST-0001

FORMS AND ENDORSEMENTS

- CMP-4101 Businessowners Coverage Form
- FE-6999.2 *Terrorism Insurance Cov Notice
- CMP-4828 Extra Replacement Cost
- CMP-4814 Directors & Officers Liability
- CMP-4696 Residential Community Assoc
- CMP-4746.1 Hired Auto Liability
- CMP-4710 Employee Dishonesty
- CMP-4508 Money and Securities
- CMP-4705.1 Loss of Income & Extra Expnse
- FD-6007 Inland Marine Attach Dec
- * New Form Attached

This policy is issued by the State Farm General Insurance Company.

Participating Policy

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm General Insurance Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.

Lynne M. Youwell
Secretary

Thomas Conley
President

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for ALICANTE PARK HOMEOWNERS ASSN
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IMPORTANT NOTICE:

California law requires us to provide you with information for filing complaints with the State Insurance Department regarding the coverage and service provided under this policy.

Complaints should be filed only after you and State Farm or your agent or other company representative have failed to reach a satisfactory agreement on a problem.

Please forward such complaints to: California Department of Insurance
Consumer Services Division
300 South Spring Street
Los Angeles, CA 90013

You also may call toll free at 1-800-927-HELP or visit www.insurance.ca.gov/01-consumers

NOTICE TO POLICYHOLDER:

For a comprehensive description of coverages and forms, please refer to your policy.

Policy changes requested before the "Date Prepared", which appear on this notice, are effective on the Renewal Date of this policy unless otherwise indicated by a separate endorsement, binder, or amended declarations. Any coverage forms attached to this notice are also effective on the Renewal Date of this policy.

Policy changes requested after the "Date Prepared" will be sent to you as an amended declarations or as an endorsement to your policy. Billing for any additional premium for such changes will be mailed at a later date.

If, during the past year, you've acquired any valuable property items, made any improvements to insured property, or have any questions about your insurance coverage, contact your State Farm agent.

Please keep this with your policy.

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RENEWAL DECLARATIONS (CONTINUED)

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**Your coverage amount....**

It is up to you to choose the coverage and limits that meet your needs. We recommend that you purchase a coverage limit equal to the estimated replacement cost of your structure. Replacement cost estimates are available from building contractors and replacement cost appraisers, or, your agent can provide an estimate from Xactware, Inc.[®] using information you provide about your structure. We can accept the type of estimate you choose as long as it provides a reasonable level of detail about your structure. State Farm[®] does not guarantee that any estimate will be the actual future cost to rebuild your structure. Higher limits are available at higher premiums. Lower limits are also available, as long as the amount of coverage meets our underwriting requirements. We encourage you to periodically review your coverages and limits with your agent and to notify us of any changes or additions to your structure.

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