



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/28/2011

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 MOC Insurance Services License No. 0589960 44 Montgomery St., 17th Fl. San Francisco CA 94104	CONTACT NAME: Donna de Fabio PHONE (A/C No. Ext): (415) 957-0600 FAX (A/C No.): (415) 957-0577 E-MAIL ADDRESS: ddefabio@maroevich.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Amco Insurance Company</td> <td>19100</td> </tr> <tr> <td>INSURER B: Great American Insurance Co</td> <td></td> </tr> <tr> <td>INSURER C: Cypress Insurance</td> <td></td> </tr> <tr> <td>INSURER D: Federal Insurance Company</td> <td>20281</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Amco Insurance Company	19100	INSURER B: Great American Insurance Co		INSURER C: Cypress Insurance		INSURER D: Federal Insurance Company	20281	INSURER E:		INSURER F:
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INSURED Watergate Community Association 8 Captain Drive Emeryville CA 94608														

COVERAGES CERTIFICATE NUMBER: CL1112282239 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 <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Employee Benefits GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			GLO7803910211	3/31/2011	3/31/2012	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BA7803910211	3/31/2011	3/31/2012	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 <input checked="" type="checkbox"/> RETENTION \$ 0			UM2386960	3/31/2011	3/31/2012	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	3300017927111	12/31/2011	12/31/2012	WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Fidelity Crime Directors & Officers			8221-5061 0251169248	12/31/2011 8/12/2011	12/31/2012 8/12/2012	Deductible \$10,000 \$10,000,000 Retention \$10,000 \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Umbrella Underlying Policies:
General Liability, Directors & Officers, and Employers Liability

CERTIFICATE HOLDER SAMPLE	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 Donna de Fabio/DDF <i>Donna DeFabio</i>

COMMENTS/REMARKS

Property Program: 03/31/2011-03/31/2012

Blanket Loss; Per Occurrence; Automatic Reinstatement - All Perils - \$1,000,000,000
Maximum Program Limit

Business Income - Actual Loss Sustained

Law and Ordinance - Coverage A Included

Law and Ordinance - Coverage B & C - \$1,000,000

Terrorism - Group Annual Aggregate - \$250,000,000 Maximum Limit

Comprehensive Form Boiler & Machinery Coverage - \$50,000,000

All above subject to \$10,000 Deductible

Asbestos Removal - \$25,000 with \$5,000 Per Loss Deductible

"All Risk" form including EQSL and Boiler & Machinery, excluding Earthquake & Flood

Schedule of Participating Companies:

Lexington Insurance Co.-----19946496

Ironshore Insurance Ltd-----N10NA03001

Lloyds of London-----N10NA03000

Homelands Ins Co of New York-----YSP2841

Lexington Insurance Co.-----19946595

Union National Ins. Co.-----LP47

Homeland Ins Co of New York-----YSP2842

Maiden Specialty-----SILPY0029300S

Lancashire Ins. Co N.Y.-----N09NA03400

Lloyds of London-----N09NA01602

Homeland Ins Co of New York-----YSP2643

Lexington Ins. Co.-----19946596

Great American Ins. Co.-----CPP2003800

Landmark American Ins Co-----LHD416224

Travelers Prop & Casualty of

America-----BM212950B631