

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/29/2009

PRODUCER (415)957-0600 FAX: (415)957-0577  
**MOC Insurance Services**  
 License No. 0589960  
 44 Montgomery St., 17th Fl.  
 San Francisco CA 94104

INSURED  
**Watergate Community Association**  
 8 Captain Drive  
 Emeryville CA 94608

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: <b>Amco</b>	19100
INSURER B: <b>Great American Insurance</b>	
INSURER C: <b>Cypress Insurance</b>	
INSURER D: <b>Federal Ins. Co.</b>	
INSURER E: <b>CNA Insurance Company</b>	

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	x	<b>GENERAL LIABILITY</b>	GLO7803910210	3/31/2009	3/31/2010	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Employee Benefits</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				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
A	x	<b>AUTOMOBILE LIABILITY</b>	BA7803910210	3/31/2009	3/31/2010	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
B	x	<b>EXCESS/UMBRELLA LIABILITY</b>	UM5612283	3/31/2009	3/31/2010	EACH OCCURRENCE \$ 25,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0				AGGREGATE \$ 25,000,000 \$ \$ \$
C		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	3300017927091	12/31/2009	12/31/2010	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D		<b>OTHER Fidelity/Crime</b>	82215061	12/31/2009	12/31/2010	Deductible: \$10,000 \$6,000,000
E		<b>D &amp; O</b>	0251169248	08/12/2009	08/12/2010	Retention: \$10,000 \$1,000,000

### DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

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, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Melnora Cruz/MCR



## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

## COMMENTS/REMARKS

Property Program: 03/31/2009-03/31/2010

Blanket Loss; Per Occurrence; Automatic Reinstatement - All Perils - \$500,000,000 Maximum Program Limit

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

Comprehensive Form Boiler & Machinery Coverage - \$15,000,000

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.-----8757794  
Ironshore Insurance Ltd-----N09NA02284  
Lloyds of London-----N09NA01600  
Homelands Ins Co of New York-----YSP2049  
Lexington Insurance Co.-----8757820  
Lloyds of London-----N09NA01601  
Homeland Ins Co of New York-----YSP1954  
Lancashire Ins Co Ltd-----N09NA02060  
Ironshore Ins Ltd-----N09NA02285  
Lloyds of London-----N09NA01602  
Homeland Ins Co of New York-----YSP1959  
Lancashire Ins Co Ltd-----N09NA02062  
Landmark American Ins Co-----LHD415310  
Travelers Prop & Casualty of  
America-----BM212950B631