

**TRUCK INSURANCE EXCHANGE**

**MEMBERS OF THE FARMERS INSURANCE GROUP OF COMPANIES**  
**HOME OFFICE: 4680 WILSHIRE BLVD., LOS ANGELES, CALIFORNIA 90010**

**POLICY DECLARATIONS**  
**CONDOMINIUM - PREMIER**

1.	Named	CHATEAU PARK HOA	BU12815	
	Insured		Acct. No.	Prod. Count
	Mailing	29645 STRAWBERRY HILL DR	30-75-345	60475-03-31
	Address	AGOURA HILLS CA 91301	Agent No.	Policy Number

The named insured is an individual unless otherwise stated:

Partnership  Corporation  Joint Venture  Organization (Any other)

Type of Business CONDOMINIUM

2. Policy Period from 07/10/11 (not prior to time applied for) to 07/10/12 12:01 a.m. Standard Time  
 If this policy replaces other coverage that ends at noon standard time of the same day this policy begins, this policy will not take effect until the other coverage ends. **This policy will continue for successive policy periods as follows:** If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect.

3. Insured location same as mailing address unless otherwise stated:

001 29601 STRAWBERRY HILL DR AGOURA HILLS CA 913014003  
 SEE E0002-ED1

4. We provide insurance only for those coverages described below and for which a specific limit of insurance is shown.

**PROPERTY**

**COVERAGES AND LIMITS OF INSURANCE**

COVERAGES	PREMISE NO. 001
BUILDINGS	\$38,481,800
BUILDING ORDINANCE AND LAW	COVERED
	COV 1
	COV 2 \$54,600
	COV 3 \$27,200
SPECIFIED PROPERTY	\$30,000
ASSOCIATION FEE AND	\$100,000
EXTRA EXPENSE	
AUTOMATIC BUILDING INCREASE	2%
PROPERTY DEDUCTIBLE	\$5,000

The limit of liability for this structure (Coverage A) is based on an estimate of the cost to rebuild your home, including an approximate cost for labor and materials in your area, and specific information that you have provided about your home.

**ADDITIONAL COVERAGES**

COVERAGE	All Premises
MASTER KEY	\$100/\$10,000
NON-OWNED AUTO LIABILITY	\$1,000,000



**COVERAGE EXTENSIONS - Optional Higher Limits of Insurance Per Occurrence**

COVERAGE	All Premises
ACCOUNTS RECEIVABLE	\$5,000
VALUABLE PAPERS	\$5,000
EDP	\$10,000
NEWLY ACQ PROP OR CONST BLDG	\$250,000
PERS PROP AT NEWLY ACQ PREMISE	\$100,000

**OPTIONAL COVERAGES: We provide insurance for those Optional Coverages described below.**

COVERAGE	All Premises
OUTDOOR SIGNS	\$7,500
EMPLOYEE DISHONESTY	\$150,000
MONEY AND SECURITIES	\$10,000
OUTDOOR PROPERTY	\$2,500
DIRECTORS & OFFICERS LIABILITY	\$2,000,000 EACH CLAIM \$2,000,000 ANNUAL AGGREGATE

**LIABILITY AND MEDICAL PAYMENTS - Except for Fire Legal Liability, each paid claim for the following coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Paragraph D.4. of the Liability Coverage Form.**

COVERAGE	LIMITS OF INSURANCE
LIABILITY	\$1,000,000 PER OCC/ \$2,000,000 GEN AGG
MEDICAL EXPENSES	\$5,000 PER PERSON
TENANTS LIABILITY	\$75,000 PER OCCURRENCE

**Mortgage Holders:**

Premises No.	Mortgage Holder Name, Address

Countersigned \_\_\_\_\_

(Date)

By \_\_\_\_\_



(Authorized Representative)

Policy Number: 60475-03-31

Effective Date: 07/10/11

Policy Forms and Endorsements attached at inception:

E3024-ED3	E3314-ED3	E3422-ED3	E3015-ED2	E0125-ED1
56-5166ED4	E6097-ED2	E4009-ED4	25-2110	25-2614
S9943-ED1	E0147-ED1	E0104-ED1	S9936-ED1	E2031-ED1
E3037-ED1	J6316-ED1	J6347-ED1	J6350-ED1	E6288-ED1
J6353-ED1	E3331-ED3	J6351-ED1	J6300-ED2	E2038-ED2
25-2984	E2041-ED2	J6739-ED1	J6829-ED1	S9939-ED1
E0124-ED1	J6361-ED1	E9122-ED2	E9126-ED4	E9124-ED3
S9945-ED1	562377-ED1	J6577-ED1		

Countersigned \_\_\_\_\_

(Date)

By \_\_\_\_\_



(Authorized Representative)

