



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YY)  
01/24/13

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

<b>AGENCY</b> Elite National Insurance Holdings L 27068 La Paz Rd #556 Aliso Viejo, CA 92656	<b>PHONE (A/C, No, Ext):</b> (866) 728-9757	<b>COMPANY</b> Travelers Casualty and Surety Co of America
<b>FAX (A/C, No):</b> (888) 992-3335	<b>E-MAIL ADDRESS:</b> stacy@elitenational.com	
<b>CODE:</b>	<b>SUB CODE:</b>	
<b>AGENCY CUSTOMER ID #:</b>		
<b>INSURED</b> Quail Creek La Paz Condominium Association 29b Technology Drive Suite 100 Irvine, CA 92618-	<b>LOAN NUMBER</b> MASTER POLICY PROOF	<b>POLICY NUMBER</b> I-680-2581C816-TIL-07
	<b>EFFECTIVE DATE</b> 01/15/13	<b>EXPIRATION DATE</b> 01/15/14
	<input type="checkbox"/> CONTINUED UNTIL <input type="checkbox"/> TERMINATED IF CHECKED	
<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>		

## PROPERTY INFORMATION

<b>LOCATION/DESCRIPTION</b> 26701 Quail Creek, Laguna Hills, CA 92656 - All units  Condominium Association - 306 units in total
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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 EVIDENCE OF PROPERTY INSURANCE 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.

## COVERAGE INFORMATION

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Building - Blanket, Special Form, Replacement Cost Policy is a bare walls policy and provides no HO6 coverage. Unit owner is responsible for securing a HO6 policy to protect the interior of the unit.	\$60,354,914	\$10,000

## REMARKS (Including Special Conditions)

This is proof of the master hazard insurance policy held by Quail Creek La Paz Condominium. Loss Payee endorsements are not accepted due to the nature of the policy. We do not add loss payees to the policy, please note your lender files accordingly. Should you require an evidence of insurance reflecting a loss payee, we can provide that to you at a cost of \$50 per loss payee. ESCROW OFFICERS: Please email your request for evidence to: stacy@elitenational.com DO NOT FAX!

## 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 ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

## ADDITIONAL INTEREST

NAME AND ADDRESS  PROOF OF ASSOCIATION MASTER INSURAN Please email your request for evidence to: stacy@elitenational.com DO NOT FAX!	<input checked="" type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input checked="" type="checkbox"/> LOSS PAYEE	<input type="checkbox"/>
	<b>LOAN #</b> MASTER POLICY PROOF	
<b>AUTHORIZED REPRESENTATIVE</b>		<i>Stacy La Harlon</i>

**RENEWAL CERTIFICATE**

**COMMON POLICY DECLARATIONS**  
CONDOMINIUM PAC  
**BUSINESS:** CONDO/5-12

**POLICY NO.:** I-680-2948P802-TIL-13  
**ISSUE DATE:** 12-13-12

**INSURING COMPANY:**  
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

**1. NAMED INSURED AND MAILING ADDRESS:**

QUAIL CREEK LA PAZ CONDOMINIUM  
ASSOCIATION  
2603 MAIN STREET, STE 500  
C/O ACTION PROPERTY MANAGEMENT  
IRVINE CA 92614-4261

**2. POLICY PERIOD:** From 01-15-13 to 01-15-14 12:01 A.M. Standard Time at your mailing address.

**3. LOCATIONS:**

PREM. NO.	BLDG. NO.	OCCUPANCY	ADDRESS (same as Mailing Address unless specified otherwise)
01	01	CONDO 5-12	26701 QUAIL CREEK LAGUNA HILLS CA 92656

**4. COVERAGE PARTS AND SUPPLEMENTS FORMING PART OF THIS POLICY AND INSURING COMPANIES:**

COVERAGE PARTS AND SUPPLEMENTS	INSURING COMPANY
Businessowners Coverage Part	TIL

**5.** The COMPLETE POLICY consists of this declarations and all other declarations, and the forms and endorsements for which symbol numbers are attached on a separate listing.

**6. SUPPLEMENTAL POLICIES:** Each of the following is a separate policy containing its complete provisions.

POLICY	POLICY NUMBER	INSURING COMPANY

DIRECT BILL

**7. PREMIUM SUMMARY:**

Provisional Premium  
Due at Inception  
Due at Each

\$\$\$ ~~XXXXXXXXXX~~  
\$\$\$  
\$

NAME AND ADDRESS OF AGENT OR BROKER

AMERICAN TEAM MANAGERS CGF82  
1030 N ARMANDO ST  
ANAHEIM CA 92806

COUNTERSIGNED BY:

Authorized Representative

DATE:

DEC 14 2012



One Tower Square, Hartford, Connecticut 06183

**BUSINESSOWNERS COVERAGE PART DECLARATIONS**

CONDOMINIUM PAC

POLICY NO.: I-680-2948P802-TIL-13

ISSUE DATE: 12-13-12

**INSURING COMPANY:**

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

**POLICY PERIOD:**

From 01-15-13 to 01-15-14 12:01 A.M. Standard Time at your mailing address.

FORM OF BUSINESS: HOA

COVERAGES AND LIMITS OF INSURANCE: Insurance applies only to an item for which a "limit" or the word "included" is shown.

**COMMERCIAL GENERAL LIABILITY COVERAGE**

OCCURRENCE FORM	LIMITS OF INSURANCE	
General Aggregate (except Products-Completed Operations Limit)	\$	2,000,000
Products-Completed Operations Aggregate Limit	\$	2,000,000
Personal and Advertising Injury Limit	\$	1,000,000
Each Occurrence Limit	\$	1,000,000
Damage to Premises Rented to You	\$	300,000
Medical Payments Limit (any one person)	\$	5,000

**BUSINESSOWNERS PROPERTY COVERAGE**

DEDUCTIBLE AMOUNT: Businessowners Property Coverage: \$ 10,000 per occurrence.  
 Building Glass: \$ 10,000 per occurrence.

BUSINESS INCOME/EXTRA EXPENSE LIMIT: Actual loss for 12 consecutive months

Period of Restoration-Time Period: Immediately

**ADDITIONAL COVERAGE:**

Fine Arts: \$ 25,000

Other additional coverages apply and may be changed by an endorsement. Please read the policy.

**SPECIAL PROVISIONS:**

**COMMERCIAL GENERAL LIABILITY COVERAGE  
IS SUBJECT TO A GENERAL AGGREGATE LIMIT**

BUSINESSOWNERS PROPERTY COVERAGE

PREMISES LOCATION NO.: 01                      BUILDING NO.: 01

COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE	INFLATION GUARD
BUILDING *Replacement Cost	\$ 60,354,914	RC*	N/A	0.0%
BUSINESS PERSONAL PROPERTY *Replacement Cost	\$ 10,712	RC*	N/A	0.0%
COVERAGE EXTENSIONS:				
Accounts Receivable	\$ 25,000			
Valuable Papers	\$ 25,000			

Other coverage extensions apply and may be changed by an endorsement. Please read the policy.

POLICY NUMBER: I-680-2948P802-TIL-13

EFFECTIVE DATE: 01-15-13

ISSUE DATE: 12-13-12

LISTING OF FORMS, ENDORSEMENTS AND SCHEDULE NUMBERS

THIS LISTING SHOWS THE NUMBER OF FORMS, SCHEDULES AND ENDORSEMENTS BY LINE OF BUSINESS.

\* IL T0 25 08 01 RENEWAL CERTIFICATE  
\* MP T0 01 02 05 BUSINESSOWNERS COVERAGE PART DECS  
\* IL T8 01 01 01 FORMS, ENDORSEMENTS AND SCHEDULE NUMBERS  
IL T3 15 09 07 COMMON POLICY CONDITIONS

BUSINESSOWNERS

\* CP 12 18 06 95 LOSS PAYABLE PROVISIONS  
\* MP T1 30 02 05 TBL OF CONT-BUSINESSOWNERS COV-DELUXE  
MP T1 02 02 05 BUSINESSOWNERS PROPERTY COV-SPEC FORM  
MP T1 03 02 05 AMENDATORY PROVISIONS-CONDOMINIUM  
MP T4 89 08 06 FUNGUS, ROT, BACTERIA CHANGES-CA  
MP T3 25 01 08 TERRORISM RISK INS ACT OF 2002 NOTICE  
MP T3 50 11 06 EQUIP BREAKDOWN SERV INTERRUPTION LIM  
MP T3 56 02 08 AMENDATORY PROVISIONS-GREEN BLD  
MP T9 70 03 06 POWER PAC ENDORSEMENT  
\* MP T3 36 02 05 EQUIPMENT BREAKDOWN EXCLUSION  
MP T4 90 05 10 LIMIT OF INS/OCCURRENCE ENDT-CALIFORNIA  
MP T5 08 01 06 CALIFORNIA CHANGES-REPLACEMENT COST

COMMERCIAL GENERAL LIABILITY

CG T0 34 11 03 TABLE OF CONTENTS  
CG 00 01 10 01 COMMERCIAL GENERAL LIABILITY COV FORM  
CG D2 37 11 03 EXCLUSION-REAL ESTATE DEV ACTIVITIES  
CG D2 55 11 03 AMENDMENT OF COVERAGE - POLLUTION  
CG D3 09 11 03 AMEND ENDT-PRODUCTS-COMPLETED OPR HAZARD  
\* CG D4 71 02 09 AMEND COVERAGE B - PERS & ADV INJURY  
CG 21 70 01 08 CAP ON LOSSES-CERTIFIED ACTS-TERRORISM  
CG D0 37 04 05 OTHER INSURANCE-ADDITIONAL INSUREDS  
CG D1 86 11 03 XTEND ENDORSEMENT  
CG D2 03 12 97 AMEND-NON CUMULATION OF EACH OCC  
CG D4 13 04 08 AMENDMENT OF COVERAGE-COOLING-POLLUTION  
\* MP T1 25 11 03 HIRED AUTO AND NON-OWNED AUTO LIAB  
CG D2 43 01 02 FUNGI OR BACTERIA EXCLUSION  
CG D2 56 11 03 AMENDMENT OF COVERAGE  
CG D2 88 11 03 EMPLOYMENT-RELATED PRACTICES EXCLUSION  
\* CG D3 26 10 11 EXCLUSION - UNSOLICITED COMMUNICATION  
CG D3 56 01 05 MOBILE EQUIP/EXCL VEHICLES SUB TO MV LAW  
\* CG D4 21 07 08 AMEND CONTRAC LIAB EXCL-EXC TO NAMED INS  
\* CG D6 18 10 11 EXCL-VIOLATION OF CONSUMER FIN PROT LAWS  
CG D0 76 06 93 EXCLUSION-LEAD  
CG D1 42 01 99 EXCLUSION-DISCRIMINATION  
CG D2 42 01 02 EXCLUSION WAR

\* TEXT IN THIS FORM HAS CHANGED, OR THE FORM WAS NOT ON POLICY BEFORE.

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POLICY NUMBER: I-680-2948P802-TIL-13  
EFFECTIVE DATE: 01-15-13  
ISSUE DATE: 12-13-12

COMMERCIAL GENERAL LIABILITY (CONTINUED)

CG T4 78 02 90 EXCLUSION-ASBESTOS  
CG T3 33 11 03 LIMIT WHEN TWO OR MORE POLICIES APPLY  
CG 32 34 01 05 CALIFORNIA CHANGES

INTERLINE ENDORSEMENTS

IL T3 82 08 06 EXCL OF LOSS DUE TO VIRUS OR BACTERIA  
IL T3 79 01 08 CAPS ON LOSSES FROM CERT ACTS OF TERROR  
IL 00 21 09 08 NUCLEAR ENERGY LIAB EXCL END-BROAD FORM  
IL 01 04 09 07 CALIFORNIA CHANGES  
\* IL 02 70 08 11 CALIFORNIA CHANGES - CANC AND NONRENEWAL

\* TEXT IN THIS FORM HAS CHANGED, OR THE FORM WAS NOT ON POLICY BEFORE.

**CRIME PROTECTION POLICY DECLARATIONS**

<p><b>Item 1. NAMED INSURED AND ADDRESS</b></p> <p>Quail Creek La Paz Condominium Association</p> <p>c/o Action Property Mgmt. 2603 Main Street, Ste. 500 Irvine, CA 92614</p>	<p><b>Item 2. Policy Period:</b></p> <p>12:01 A.M. Standard Time at the address if the Named Insured shown at left.</p> <p>From: 01/15/2013 To: 01/15/2014</p>
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Insurance is afforded by  
**Great American Insurance Company**  
(a capital stock corporation, hereinafter called the Company)

**Item 3. INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLES**

<b>Insuring Agreement</b>	<b>Limit of Insurance Per Occurrence</b>	<b>Deductible Amount Per Occurrence</b>
1. Employee Dishonesty	\$1,800,000	\$10,000
2. Forgery or Alteration	\$1,800,000	\$10,000
3. Inside the Premises	\$1,800,000	\$10,000
4. Outside the Premises	\$1,800,000	\$10,000
5. Computer Fraud	\$1,800,000	\$10,000
6. Money Orders & Counterfeit Paper Currency	\$1,800,000	\$10,000

If added by Endorsement, Insuring Agreement(s):

8. Funds Transfer Fraud	\$1,800,000	\$10,000
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**Item 4. FORMS AND ENDORSEMENTS** applicable to all Coverage Parts are made part of this policy at time of issue are listed on the attached Forms Schedule IL 88 01 (11/85)

**Item 5. CANCELLATION OF PRIOR INSURANCE**

By acceptance of this Policy you give us notice canceling prior policy Nos.

Countersigned: \_\_\_\_\_ By: \_\_\_\_\_  
(Date) Authorized Representative

**BUSINESSPRO POLICY CHANGES**

**NAMED INSURED AND ADDRESS**

**POLICY PERIOD**

Quail Creek La Paz Condominium Association  
c/o Action Property Mgmt.  
2603 Main Street, Ste. 500  
Irvine, CA 92614

12:01 A.M. Standard time at the address of the  
Named Insured shown at left  
From: 01-15-2013 To: 01-15-2014

**THIS ENDORSEMENT CHANGES THE POLICY  
PLEASE READ IT CAREFULLY**

**AGENT'S NAME AND ADDRESS**

Empower Insurance Brokerage, LLC  
10619 East Flower Avenue

Mesa, AZ 85208

Insurance is afforded by company indicated below:  
(Each a capital stock corporation)

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> GREAT AMERICAN INSURANCE CO. | <input type="checkbox"/> AMERICAN ALLIANCE INSURANCE CO. |
| <input type="checkbox"/> AMERICAN NATIONAL FIRE INS. CO.         | <input type="checkbox"/> AGRICULTURAL INSURANCE CO.      |

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In consideration of the following additional premium change, it is hereby understood that the policy is changed as follows:

\$52.36

- A. SCHEDULE\*
- 1. The first Named Insured is changed to:
  - 2. The following Insured(s) is added to the Named Insured:
  - 3. The following Insured(s) is deleted from the Named Insured:
  - 4. The Mailing Address is changed to:
  - 5. The Location Schedule is changed as follows:
  - 6. The Limit(s) of insurance is changed as follows:
    - 1. Employee Dishonesty \$2,500,000
    - 2. Forgery or Alteration \$2,500,000
    - 3. Inside the Premises \$2,500,000
    - 4. Outside the Premises \$2,500,000
    - 5. Computer Fraud \$2,500,000
    - 6. Money Orders & Counterfeit Paper Currency \$2,500,000
    - 8. Funds Transfer Fraud \$2,500,000
  - 7. The Deductible Amount(s) is changed as follows:
  - 8. Other changes:

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(Schedule Continued on Page 2)



SCHEDULE\* (Continued)

\*Information required to complete this SCHEDULE, if not shown on the endorsement, will be shown in the Declarations.

**B. PROVISIONS APPLICABLE TO CRIME COVERAGE**

1. The Declarations Form is amended as shown in the SCHEDULE.
2. Applications of changes affected by this Change Endorsement.
  - a. **ADDITION OF A DEDUCTIBLE OR INCREASE IN DEDUCTIBLE AMOUNT:** This change applies to loss or damage resulting from acts committed or events occurring at any time, whether before or after the Effective Date of Change.
  - b. **DELETION OR RESTRICTION (OTHER THAN IN a. ABOVE) OF ANY COVERAGE OR DECREASE IN ANY LIMIT OF INSURANCE:** This change applies to loss or damage resulting from acts committed or events occurring:
    - (1) On or after the Effective Date of Change, and also
    - (2) Before the Effective Date of Change if discovered after one year from that date.
  - c. **ALL CHANGES OTHER THAN IN a. AND b. ABOVE:** This change applies to loss or damage resulting from acts committed or events occurring on or after the Effective Date of Change.
3. No Limit of Insurance during any period will be cumulative with any other amount applicable to the same coverage during any other period.

**FORMS AND ENDORSEMENTS** hereby added:

**FORMS AND ENDORSEMENTS** hereby amended:

**FORMS AND ENDORSEMENTS** hereby deleted:

Insured's Acceptance: \_\_\_\_\_ Date: \_\_\_\_\_

Countersigned By: \_\_\_\_\_ Date: \_\_\_\_\_

(Authorized Representative)