

RENEWAL CERTIFICATE

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

POLICY NO.: I-680-2948P802-TIL-14
ISSUE DATE: 01-10-14

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 01-15-14 to 01-15-15 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
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DIRECT BILL**7. PREMIUM SUMMARY:**

Provisional Premium	\$	56,470.00
Due at Inception	\$	
Due at Each	\$	

NAME AND ADDRESS OF AGENT OR BROKER

COUNTERSIGNED BY:

AMERICAN TEAM MANAGERS CGF82
 1030 N ARMANDO ST
 ANAHEIM CA 92806

Authorized Representative

DATE: JAN 10 2013

IL TO 25 08 01 (Page 1 of 01)

Office: DIAMOND BAR DOWN

BUSINESSOWNERS COVERAGE PART DECLARATIONS

CONDOMINIUM PAC

POLICY NO.: I-680-2948P802-TIL-14

ISSUE DATE: 01-10-14

INSURING COMPANY:
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICAPOLICY PERIOD:
From 01-15-14 to 01-15-15 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 COVERAGEDEDUCTIBLE 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	\$ 62,769,110	RC*	N/A	0.0%
BUSINESS PERSONAL PROPERTY *Replacement Cost	\$ 11,140	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.

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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
* CP 02 99 11 85 CANCELLATION CHANGES
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

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

POLICY NUMBER: I-680-2948P802-TIL-14

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COMMERCIAL GENERAL LIABILITY (CONTINUED)

CG D2 42 01 02 EXCLUSION WAR
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 05 13 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 09 12 CALIFORNIA CHANGES - CANC AND NONRENEWAL

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

IL T8 01 01 01

PAGE: 2 OF 2

CRIME PROTECTION POLICY DECLARATIONS

<p>Item 1. NAMED INSURED AND ADDRESS</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>Item 2. Policy Period:</p> <p>12:01 A.M. Standard Time at the address if the Named Insured shown at left.</p> <p>From: 01/15/2014 To: 01/15/2015</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

Insuring Agreement	Limit of Insurance Per Occurrence	Deductible Amount Per Occurrence
1. Employee Dishonesty	\$2,500,000	\$10,000
2. Forgery or Alteration	\$2,500,000	\$10,000
3. Inside the Premises	\$2,500,000	\$10,000
4. Outside the Premises	\$2,500,000	\$10,000
5. Computer Fraud	\$2,500,000	\$10,000
6. Money Orders & Counterfeit Paper Currency	\$2,500,000	\$10,000

If added by Endorsement, Insuring Agreement(s):

8. Funds Transfer Fraud	\$2,500,000	\$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 FORMS AND ENDORSEMENTS SCHEDULE

It is hereby understood and agreed the following forms and endorsements are attached to and are a part of this policy:

Form and Edition	ST	Date Added*	Form Description
SP 00 01 (03/00)			CrimeCoverageDetails
IL 88 01 (11/85)			PolicyDeclarations
SP 00 01 (03/00)			FormsandEndorsementSchedule
IL 88 02 (11/85)			PolicyForm
SE 00 63 (03/00)			PremiumEndorsement
SE 00 11 (03/00)			IncludeDesignatedAgentsAsEmployeesCoveredFor EmployeeDishonestyOnlyEndorsement
SE 00 16 (03/00)			IncludeSpecifiedNonCompensatedOfficersAsEmplo yees
SE 00 41 (03/00)			IncludeVolunteerWorkersOtherThanFundSolicitors AsEmployees
SE 01 33 (03/00)			IncludeCoverageForFundsTransferFraud CrimeAdditionalInterest
SE 01 17 (03/00)			CaliforniaChangesCancellationandNonrenewal CaliforniaEscrowAgent

*If not at inception

BUSINESSPRO (Reg. U.S. Pat. Off.)