

Policy Number
648621307

COMMON POLICY DECLARATIONS
Allstate Insurance Company
 2775 Sanders Road, Northbrook, IL 60062
A STOCK INSURANCE COMPANY

Item 1. Named Insured and Mailing Address	Agent Name and Address
OMEGA II HOA C-O HILLTOP (SEE NAMED INSURED ENDT) PO BOX 34398 SAN DIEGO CA 92163-4398	JAWAD S BISHARAT 7858 IVANHOE AVE LA JOLLA CA 92037
Item 2. Policy Period	From: 06-01-2019 To: 06-01-2020
at 12:01 A.M., Standard Time at your mailing address shown above.	
Item 3. Business Description:	
Form of Business:	ASSOCIATION
Item 4. In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.	
This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.	
Coverage Part(s)	Premium
Commercial Property Coverage Part	\$ 1,283.00
Commercial General Liability Coverage Part	\$ 327.00
Crime and Fidelity Coverage Part	\$ 205.00
Commercial Inland Marine Coverage Part	
Commercial Auto (Business or Truckers) Coverage Part	
Commercial Garage Coverage Part	
Terrorism Risk Insurance Act Coverage	\$ 105.00
Total Policy Premium	\$ 1,920.00
Item 5. Forms and Endorsements	
Form(s) and Endorsement(s) made a part of this policy at time of issue:	
See Schedule of Forms and Endorsements	

SEE THE IMPORTANT PAYMENT INFORMATION FORM FOR DETAILS ABOUT PAYMENT OPTIONS

Countersigned:

 Date: 03-18-19

 By: JAWAD S BISHARAT
 Authorized Representative


THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

Policy Number
648621307

SCHEDULE OF NAMED INSURED(S)
Allstate Insurance Company

Named Insured OMEGA II HOA C-O HILLTOP

Effective Date: 06-01-19
12:01 A.M., Standard Time

Agent Name JAWAD S BISHARAT

DM CW 02 (cont.)

THE NAMED INSURED ON FORM DM CW 02 IS AMENDED TO READ:

OMEGA II HOA C-O HILLTOP
COMMUNITY EXECUTIVES



Important Payment Information – Please Read Carefully.

Total Premium for the Policy Period

If you pay in installments*	\$1,920.00
If you pay in full (includes FullPay® Discount)**	\$1,734.00

Choose one of the following types of payment plans that best meets your needs:

* **Pay in installments.** You will be sent a bill each month. The minimum amount due on each billing statement will include a \$3.50 installment fee. The installment fee may vary by payment method – see below. You can choose to pay more toward your premium, but the monthly installment fee will still apply.

** **Pay your premium in full and receive the FullPay® Discount.** The amount to pay in full is shown above and will appear on your initial invoice for renewals only. To qualify for this discount on a new business policy, the policy must be paid in full at the time the policy was bound/issued. To qualify for this discount on a renewal policy, the policy must be paid in full by the effective date of the policy. This discount is not applicable to Umbrella or Excess policies. Other restrictions may apply.

Ways to pay

- **Pay using the Allstate® Easy Pay Plan.** You can have the payment automatically deducted from your checking account using the Allstate® Easy Pay Plan. There is a \$1.00 installment fee for each Allstate® Easy Pay Plan payment. (You may be eligible for an Allstate® Easy Pay Plan discount – contact your Allstate representative.)
- **Pay using Recurring Credit Card (RCC).** You can have your payment automatically taken from your credit card each month with recurring credit card payments. There is a \$3.50 installment fee for each Recurring Credit Card payment.
- **Call or Visit your Allstate Agent or Send by Mail.** You may pay your bill by mail or contact your Allstate representative to pay using a one-time electronic check, check, credit or branded debit card.
- **On-Line Banking.** Be sure to enter [account number] as the account number and P.O. BOX 4344, Carol Stream, IL 60197-4344 as the payment address.

Note: If you are on Allstate® Easy Pay Plan or Recurring Credit Card your automatic deductions will be scheduled based on the payment plan currently applied to your policy. You must contact your agent to change your payment plan.



POLICY NUMBER: 648621307

MULTILINE
AM CW 02 11 09

WITNESS CLAUSE

IN WITNESS WHEREOF, Allstate has caused this policy to be signed by its Secretary and its President at Northbrook, Illinois



Mary Jovita McGinn

Secretary



Thomas J. Wilson

President

Countersigned by : JAWAD S BISHARAT , Authorized Representative



Your Allstate Agency

Allstate relies on thousands of local agencies to assist customers with their insurance decision-making process by providing customers with information and high quality service. These agencies represent Allstate and provide numerous services to customers on its behalf. Agencies are paid a commission by the company for selling and servicing Allstate's insurance policies and may be eligible to receive additional compensation and rewards based on performance.



ALLSTATE CLAIM REPORTING

To report a claim on your Allstate Business Insurance policy, you may contact your agent for assistance or you may report your claim directly by contacting us at the following phone numbers.

To report a claim for:

Commercial Property/Casualty policies: 1(800) 359-1000



Policy Number
648621307
SCHEDULE OF FORMS AND ENDORSEMENTS
Allstate Insurance Company

Named Insured OMEGA II HOA C-O HILLTOP

Effective Date: 06-01-19

12:01 A.M., Standard Time

Agent Name JAWAD S BISHARAT

COMMON POLICY FORMS AND ENDORSEMENTS

DM CW 02	01-10	COMMON POLICY DECLARATIONS
DM CW 03	01-10	SCHEDULE OF NAMED INSURED(S)
XM CW 13	02-15	IMPORTANT PAYMENT INFORMATION
AM CW 02	11-09	WITNESS CLAUSE
DM CW 12	01-10	SCHEDULE OF FORMS AND ENDORSEMENTS
DM CW 14	01-10	SCHEDULE OF LOCATIONS
AM CW 01	11-09	AMENDATORY ENDORSEMENT
*IL 00 17	11-98	COMMON POLICY CONDITIONS
*IL 00 21	09-08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDT
IL 09 85	01-15	DISCLOSURE PURSUANT/TERROR RISK INS ACT
*AM CA 03	11-09	CALIFORNIA INDEPENDENT COUNSEL ENDT
*IL 01 02	05-05	CALIFORNIA CHANGES - ACTUAL CASH VALUE
*IL 01 03	09-07	CALIFORNIA CHANGES - ACTUAL CASH VALUE
*IL 01 04	09-07	CALIFORNIA CHANGES
*IL 02 70	09-12	CA CHANGES - CANCELLATION & NONRENEWAL
*IL 00 03	09-08	CALCULATION OF PREMIUM
*IL 09 35	07-02	EXCL OF CERTAIN COMPUTER- RELATED LOSSES
*IL 09 52	01-15	CAP/LOSSES FROM CERTIFIED ACTS OF TERROR

PROPERTY FORMS AND ENDORSEMENTS

DP CW 12	01-10	COMM PROPERTY COV PART SUPP DEC
*CP 00 17	06-07	CONDOMINIUM ASSOCIATION COVERAGE FORM
*CP 00 90	07-88	COMMERCIAL PROPERTY CONDITIONS
AP CW 10	11-09	WATER DAMAGE ENDORSEMENT
*HP CW 03	11-09	EQUIPMENT BREAKDOWN COVERAGE FORM
*CP 02 99	06-07	CANCELLATION CHANGES
*CP 01 40	07-06	EXCL OF LOSS DUE TO VIRUS OR BACTERIA
CP 04 46	12-05	CALIFORNIA - ORDINANCE OR LAW COVERAGE
*CP 04 49	12-05	CALIFORNIA CHANGES-REPLACEMENT COST
*CP 10 30	06-07	CAUSES OF LOSS - SPECIAL FORM
*CP 10 32	08-08	WATER EXCLUSION ENDORSEMENT

GENERAL LIABILITY FORMS AND ENDORSEMENTS

DL CW 22	01-10	COMM GENERAL LIABILITY COVERAGE SUPP DEC
DL CW 12	01-10	COMM GENERAL LIABILITY COVERAGE SCHEDULE
*CG 00 01	12-07	COMMERCIAL GENERAL LIABILITY COV FORM
*CG 00 68	05-09	RECRDG AND DISTRB OF MATRL OR INFO EXCL
AL CW 12	11-09	BOARD OF MANAGERS FORM SCHEDULE
*AL CW 11	11-09	BOARD OF MANAGERS COVERAGE FORM
*AL CW 01	11-09	EXCLUSION ASBESTOS
*CG 20 04	11-85	ADDL INSD-CONDOMINIUM UNIT OWNERS
*CG 21 46	07-98	ABUSE OR MOLESTATION EXCLUSION
*CG 21 47	12-07	EMPLOYMENT-RELATED PRACTICES EXCLUSION
*CG 21 49	09-99	TOTAL POLLUTION EXCL ENDT
*CG 21 67	12-04	FUNGI OR BACTERIA EXCLUSION
*CG 21 71	01-15	EXCL OTHR ACTS OF TERROR O/S US
*CG 21 96	03-05	SILICA OR SILICA-RELATED DUST EXCLUSION
*CG 24 02	12-04	BINDING ARBITRATION



Policy Number
648621307

SCHEDULE OF FORMS AND ENDORSEMENTS

Allstate Insurance Company

Named Insured OMEGA II HOA C-O HILLTOP

Effective Date: 06-01-19
12:01 A.M., Standard Time

Agent Name JAWAD S BISHARAT

CRIME FORMS AND ENDORSEMENTS

DC CW 01	01-10	CRIME AND FIDELITY DEC (COMML ENTITIES)
*CR 00 21	05-06	COMM'L CRIME COV FORM (LOSS SUSTAINED)
*CR 20 12	08-07	BINDING ARBITRATION

* These forms are part of this policy but are not printed



Policy Number
648621307

SCHEDULE OF LOCATIONS
Allstate Insurance Company

Named Insured OMEGA II HOA C-O HILLTOP

Effective Date: 06-01-19
12:01 A.M., Standard Time

Agent Name JAWAD S BISHARAT

Loc. No.	Bldg. No.	Designated Locations (Address, City, State, Zip Code)	Occupancy
001	001	3744 PERSHING AVE, SAN DIEGO, CA 92104	CONDO



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDATORY ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMON POLICY CONDITIONS FORM IL 00 17

The following provisions have been added:

What Law Will Apply

This policy is issued in accordance with the laws of the State of California and covers property or risks principally located in the State of California. Subject to the following paragraph, the laws of the State of California shall govern any and all claims or disputes in any way related to this policy.

If a covered loss to property, or any other accidental event for which coverage applies under this policy happens outside the State of California, claims or disputes regarding that covered loss to property, or any other covered accidental event may be governed by the laws of the jurisdiction in which that covered loss to property, or other covered accidental event happened, only if the laws of that jurisdiction would apply in the absence of a contractual choice of law provision such as this.

Where Lawsuits May Be Brought

Subject to the following two paragraphs, any and all lawsuits in any way related to this policy, shall be brought, heard and decided only in a state or federal court located in the State of California. Any and all lawsuits against persons not parties to this policy but involved in the sale, administration, performance, or alleged breach of this policy, or otherwise related to this policy, shall be brought, heard and decided only in a state or federal court located in the State of California, provided that such persons are subject to or consent to suit in the courts specified in this paragraph.

If a covered loss to property, or any other accidental event for which coverage applies under this policy happens outside the State of California, lawsuits regarding that covered loss to property, or any other covered accidental event may also be brought in the judicial district where that covered loss to property, or any other covered accidental event happened.

Nothing in this provision, **Where Lawsuits May Be Brought**, shall impair any party's right to remove a state court lawsuit to a federal court.

All other policy terms, conditions, and exclusions apply.



B. Disclosure Of Federal Participation In Payment Of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals a percentage (as shown in Part II of the Schedule of this endorsement or in the policy Declarations) of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

C. Cap On Insurer Participation In Payment Of Terrorism Losses

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.



Policy Number
648621307
COMMERCIAL PROPERTY COVERAGE PART
SUPPLEMENTAL DECLARATIONS
Allstate Insurance Company

Named Insured OMEGA II HOA C-O HILLTOP

 Effective Date: 06-01-19
 12:01 A.M., Standard Time

Agent Name JAWAD S BISHARAT

Item 1. Business Description:
Item 2. Premises Described: See Schedule of Locations
Item 3. \$500 Deductible unless otherwise indicated.
Item 4. Coverage Provided

Loc. No.	Bldg. No.	Coverage	Limit of Insurance	Covered Causes of Loss	Coins.
001	001	BUILDING JOISTED MASONRY	\$ 947,190	SPECIAL	100

Other Provisions

Agreed Value: Expires: Replacement Cost
 Business Income Indemnity: Monthly Limit: Period: Maximum Actual Cash Value
 Extension of Recovery Period: Months or Days Inflation Guard: 6 %
 Deductible: \$ 1,000 Earthquake Deductible: % Exceptions

Loc. No.	Bldg. No.	Coverage	Limit of Insurance	Covered Causes of Loss	Coins.

Other Provisions

Agreed Value: Expires: Replacement Cost
 Business Income Indemnity: Monthly Limit: Period: Maximum Actual Cash Value
 Extension of Recovery Period: Months or Days Inflation Guard: %
 Deductible: Earthquake Deductible: % Exceptions

Loc. No.	Bldg. No.	Coverage	Limit of Insurance	Covered Causes of Loss	Coins.

Other Provisions

Agreed Value: Expires: Replacement Cost
 Business Income Indemnity: Monthly Limit: Period: Maximum Actual Cash Value
 Extension of Recovery Period: Months or Days Inflation Guard: %
 Deductible: Earthquake Deductible: % Exceptions

Item 5. Forms and Endorsements

Form(s) and Endorsement(s) made a part of this policy at time of issue:

See Schedule of Forms and Endorsements


THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

Policy Endorsement

The following endorsement changes your policy. Please read this document carefully and keep it with your policy.

WATER BACK-UP AND SUMP OVERFLOW

When the Policy Declarations indicates that **Water Back-Up and Sump Overflow** applies, the following limits modifies **your** policy

This endorsement applies only when insurance is provided under the following:

**BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CAUSES OF LOSS – SPECIAL FORM**

SCHEDULE

Premises Number	Premise Annual Aggregate Limit Of Insurance
001/001	\$ 70,700.00

I. The following changes apply to: **BUILDING AND PERSONAL PROPERTY COVERAGE FORM, CP 00 10:**

- A. We will pay for direct physical loss or damage to property, covered under **A. Coverage**, under **1. Covered Property**, caused by or resulting from:
1. Water or waterborne material which backs up through or overflows or is otherwise discharged from a sewer or drain; or
 2. Water or waterborne material which overflows or is otherwise discharged from a sump, sump pump or related equipment, even if the overflow or discharge results from mechanical breakdown of a sump pump or its related equipment. We will not pay the cost of repairing or replacing a sump pump or its related equipment in the event of mechanical breakdown.
- B. We do not cover loss or damage resulting from an insured's failure to:
1. Keep a sump pump or its related equipment in proper working condition; or



2. Perform the routine maintenance or repair necessary to keep a sewer or drain free from obstructions.
- C. The most we will pay for the coverage provided under this endorsement for all direct physical loss or damage to Covered Property is the Premise Annual Aggregate Limit of Insurance shown in the Schedule of this endorsement.

The applicable Premise Annual Aggregate Limit of Insurance is the most we will pay under this endorsement for the total of all direct physical loss or damage sustained in any one policy year, regardless of the number of occurrences that cause or result in loss or damage to Covered Property. If loss payment for the first such occurrence does not exhaust the applicable Limit of Insurance, then the balance of that Limit is available for subsequent loss or damage sustained in, but not after, that policy year. With respect to an occurrence which begins in one policy year and continues or results in additional loss or damage in a subsequent policy year(s), all loss or damage is deemed to be sustained in the policy year in which the occurrence began.

II. The following changes apply to: **CAUSES OF LOSS – SPECIAL FORM, CP 10 30** :

- A. When the Policy Declarations indicates that **Water Back-Up and Sump Overflow** applies, for the scheduled premises only, under, **B. Exclusion**, item **g. Water** is deleted and replaced by the following:

g. Water

- (1) Flood, surface water, waves (including tidal wave and tsunami), tides, tidal water, overflow of any body of water, or spray from any of these, all whether or not driven by wind (including storm surge);
- (2) Mudslide or mudflow; or
- (3) Water under the ground surface pressing on, or flowing or seeping through:
 - (a) Foundations, walls, floors or paved surfaces;
 - (b) Basements, whether paved or not; or
 - (c) Doors, windows or other openings;
- (4) Waterborne material carried or otherwise moved by any of the water referred to the above Paragraphs (1) through (3), or material carried or otherwise moved by mudslide or mudflow.

This exclusion applies regardless of whether any of the above, in Paragraphs (1) through (4), is caused by an act of nature or is otherwise caused. An example of a situation to which this exclusion applies is the situation where a dam, levee, seawall or other boundary or containment system fails in whole or in part, for any reason, to contain the water.

But, if any of the above, in Paragraphs (1) through (4), results in fire, explosion or sprinkler leakage, we will pay for the loss or damage caused by that fire, explosion or sprinkler leakage.

All other policy terms, conditions, and exclusions apply.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CALIFORNIA – ORDINANCE OR LAW COVERAGE

This endorsement modifies insurance provided under the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM
 CONDOMINIUM ASSOCIATION COVERAGE FORM
 STANDARD PROPERTY POLICY

SCHEDULE*

Bldg. No./ Prem. No.	Cov. A	Cov. B Limit Of Insur.	Cov. C Limit Of Insur.	Cov. B And C Combined Limit Of Insur.
001/001	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			\$ 141,400 ** **

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

Do **not enter a Combined Limit of Insurance if individual Limits of Insurance are selected for Coverages **B** and **C**, or if one of these Coverages is not applicable.

A. Each Coverage – Coverage A, Coverage B and Coverage C – is provided under this endorsement only if that Coverage(s) is chosen by entry in the above Schedule and then only with respect to the building identified for that Coverage(s) in the Schedule.

B. Application Of Coverage(s)

The Coverage(s) provided by this endorsement apply only if both **B.1.** and **B.2.** are satisfied and are then subject to the qualifications set forth in **B.3.**

1. The ordinance or law:

- a. Regulates the demolition, construction or repair of buildings, or establishes zoning or land use requirements at the described premises; and
- b. Is in force at the time of loss.

But coverage under this endorsement applies only in response to the minimum requirements of the ordinance or law. Losses and costs incurred in complying with recommended actions or standards that exceed actual requirements are not covered under this endorsement.

2.a. The building sustains direct physical damage that is covered under this policy and such damage results in enforcement of the ordinance or law; or

b. The building sustains both direct physical damage that is covered under this policy and direct physical damage that is not covered under this policy, and the building damage in its entirety results in enforcement of the ordinance or law.

c. But if the building sustains direct physical damage that is not covered under this policy, and such damage is the subject of the ordinance or law, then there is no coverage under this endorsement even if the building has also sustained covered direct physical damage.

3. In the situation described in **B.2.b.** above, we will not pay the full amount of loss otherwise payable under the terms of Coverages **A**, **B**, and/or **C** of this endorsement. Instead, we will pay a proportion of such loss; meaning the proportion that the covered direct physical damage bears to the total direct physical damage.



(Section H. of this endorsement provides an example of this procedure.)

However, if the covered direct physical damage, alone, would have resulted in enforcement of the ordinance or law, then we will pay the full amount of loss otherwise payable under the terms of Coverages A, B and/or C of this endorsement.

C. We will not pay under Coverage A, B or C of this endorsement for:

1. Enforcement of any ordinance or law which requires the demolition, repair, replacement, reconstruction, remodeling or remediation of property due to contamination by "pollutants" or due to the presence, growth, proliferation, spread or any activity of "fungus", wet or dry rot or bacteria; or
2. The costs associated with the enforcement of any ordinance or law which requires any insured or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants", "fungus", wet or dry rot or bacteria.

D. Coverage

1. Coverage A – Coverage For Loss To The Undamaged Portion Of The Building

With respect to the building that has sustained covered direct physical damage, we will pay under Coverage A for the loss in value of the undamaged portion of the building as a consequence of enforcement of an ordinance or law that requires demolition of undamaged parts of the same building.

Coverage A is included within the Limit of Insurance shown in the Declarations as applicable to the covered building. Coverage A does not increase the Limit of Insurance.

2. Coverage B – Demolition Cost Coverage

With respect to the building that has sustained covered direct physical damage, we will pay the cost to demolish and clear the site of undamaged parts of the same building, as a consequence of enforcement of an ordinance or law that requires demolition of such undamaged property.

The Coinsurance Additional Condition does not apply to Demolition Cost Coverage.

3. Coverage C – Increased Cost Of Construction Coverage

a. With respect to the building that has sustained covered direct physical damage, we will pay the increased cost to:

- (1) Repair or reconstruct damaged portions of that building; and/or
- (2) Reconstruct or remodel undamaged portions of that building, whether or not demolition is required;

when the increased cost is a consequence of enforcement of the minimum requirements of the ordinance or law.

However:

- (1) This coverage applies only if the restored or remodeled property is intended for similar occupancy as the current property, unless such occupancy is not permitted by zoning or land use ordinance or law.
- (2) We will not pay for the increased cost of construction if the building is not repaired, reconstructed or remodeled.

The Coinsurance Additional Condition does not apply to Increased Cost of Construction Coverage.

b. When a building is damaged or destroyed and Coverage C applies to that building in accordance with 3.a. above, coverage for the increased cost of construction also applies to repair or reconstruction of the following, subject to the same conditions stated in 3.a.:

- (1) The cost of excavations, grading, back-filling and filling;
- (2) Foundation of the building;
- (3) Pilings; and
- (4) Underground pipes, flues and drains.

The items listed in b.(1) through b.(4) above are deleted from Property Not Covered, but only with respect to the coverage described in this Provision, 3.b.

E. Loss Payment

1. All following loss payment Provisions, E.2. through E.5., are subject to the apportionment procedures set forth in Section B.3. of this endorsement.

2. When there is a loss in value of an undamaged portion of a building to which Coverage **A** applies, the loss payment for that building, including damaged and undamaged portions, will be determined as follows:
 - a. If the Replacement Cost Coverage Option applies and the property is being repaired or replaced, on the same or another premises, we will not pay more than the lesser of:
 - (1) The amount you would actually spend to repair, rebuild or reconstruct the building, but not for more than the amount it would cost to restore the building on the same premises and to the same height, floor area, style and comparable quality of the original property insured; or
 - (2) The Limit of Insurance shown in the Declarations as applicable to the covered building.
 - b. If the Replacement Cost Coverage Option applies and the property is **not** repaired or replaced, or if the Replacement Cost Coverage Option does **not** apply, we will not pay more than the lesser of:
 - (1) The actual cash value of the building at the time of loss; or
 - (2) The Limit of Insurance shown in the Declarations as applicable to the covered building.
3. Unless Paragraph **E.5.** applies, loss payment under Coverage **B** – Demolition Cost Coverage will be determined as follows:

We will not pay more than the lesser of the following:

 - a. The amount you actually spend to demolish and clear the site of the described premises; or
 - b. The applicable Limit of Insurance shown for Coverage **B** in the Schedule above.
4. Unless Paragraph **E.5.** applies, loss payment under Coverage **C** – Increased Cost of Construction Coverage will be determined as follows:
 - a. We will not pay under Coverage **C**:
 - (1) Until the property is actually repaired or replaced, at the same or another premises; and
 - (2) Unless such repair or replacement is made within two years after our payment of the actual cash value of the property subject to the replacement cost coverage, if any, unless we extend the time period for good cause.
 - b. If the building is repaired or replaced at the same premises, or if you elect to rebuild at another premises, the most we will pay under Coverage **C** is the lesser of:
 - (1) The increased cost of construction at the same premises; or
 - (2) The applicable Limit of Insurance shown for Coverage **C** in the Schedule above.
 - c. If the ordinance or law requires relocation to another premises, the most we will pay under Coverage **C** is the lesser of:
 - (1) The increased cost of construction at the new premises; or
 - (2) The applicable Limit of Insurance shown for Coverage **C** in the Schedule above.
5. If a **Combined** Limit of Insurance is shown for Coverages **B** and **C** in the Schedule above, Paragraphs **E.3.** and **E.4.** of this endorsement do not apply with respect to the building that is subject to the Combined Limit, and the following loss payment provisions apply instead:

The most we will pay, for the total of all covered losses for Demolition Cost and Increased Cost of Construction, is the Combined Limit of Insurance shown for Coverages **B** and **C** in the Schedule above. Subject to this Combined Limit of Insurance, the following loss payment provisions apply:

 - a. For Demolition Cost, we will not pay more than the amount you actually spend to demolish and clear the site of the described premises.
 - b. With respect to the Increased Cost of Construction:
 - (1) We will not pay for the increased cost of construction:
 - (a) Until the property is actually repaired or replaced, at the same or another premises; and
 - (b) Unless such repair or replacement is made within two years after our payment of the actual cash value of the property subject to the replacement cost coverage, if any, unless we extend the time period for good cause.
 - (2) If the building is repaired or replaced at the same premises, or if you elect to rebuild at another premises, the most we will pay for the increased cost of construction is the increased cost of construction at the same premises.



(3) If the ordinance or law requires relocation to another premises, the most we will pay for the increased cost of construction is the increased cost of construction at the new premises.

F. The terms of this endorsement apply separately to each building to which this endorsement applies.

G. Under this endorsement we will not pay for loss due to any ordinance or law that:

1. You were required to comply with before the loss, even if the building was undamaged; and
2. You failed to comply with.

H. Example of Proportionate Loss Payment for Ordinance Or Law Coverage Losses (procedure as set forth in Section B.3. of this endorsement.)

Assume:

- Wind is a Covered Cause of Loss; Flood is an excluded Cause of Loss
- The building has a value of \$200,000
- Total direct physical damage to building: \$100,000
- The ordinance or law in this jurisdiction is enforced when building damage equals or exceeds 50% of the building's value
- Portion of direct physical damage that is covered (caused by wind): \$30,000
- Portion of direct physical damage that is not covered (caused by flood): \$70,000
- Loss under Ordinance Or Law Coverage C of this endorsement: \$60,000

Step 1:

Determine the proportion that the covered direct physical damage bears to the total direct physical damage.

$$\$30,000 \div \$100,000 = .30$$

Step 2:

Apply that proportion to the Ordinance or Law loss.

$$\$60,000 \times .30 = \$18,000$$

In this example, the most we will pay under this endorsement for the Coverage C loss is \$18,000, subject to the applicable Limit of Insurance and any other applicable provisions.

Note: The same procedure applies to losses under Coverages A and B of this endorsement.

I. The following definition is added:

"Fungus" means any type or form of fungus, including mold or mildew, and any mycotoxins, spores, scents or by-products produced or released by fungi.

Policy Number
648621307

**COMMERCIAL GENERAL LIABILITY COVERAGE PART
 SUPPLEMENTAL DECLARATIONS**

Allstate Insurance Company

Named Insured **OMEGA II HOA C-O HILLTOP**

Effective Date: **06-01-2019**
 12:01 A.M., Standard Time

Agent Name **JAWAD S BISHARAT**

Item 1. Business Description:

Item 2. Limits of Insurance

Coverage	Limit of Liability	
Aggregate Limits of Liability	INCLUDED	Products/Completed Operations Aggregate
	\$ 4,000,000	General Aggregate (other than Products/Completed Operations)
Coverage A - Bodily Injury and Property Damage Liability	\$ 2,000,000	any one occurrence subject to the Products/Completed Operations and General Aggregate Limits of Liability
Damage To Premises Rented To You	\$ 100,000	any one premises subject to the Coverage A occurrence and the General Aggregate Limits of Liability
Coverage B - Personal and Advertising Injury Liability	\$ 2,000,000	any one person or organization subject to the General Aggregate Limits of Liability
Coverage C - Medical Payments	\$ 5,000	any one person subject to the Coverage A occurrence and the General Aggregate Limits of Liability

Item 3. Retroactive Date (Not Applicable in New York)

Coverage A of this Insurance does not apply to "bodily injury" or "property damage" which occurs before the Retroactive Date, if any, shown here: _____
 (Enter Date or "None" if no Retroactive Date applies)

Item 4. Form of Business and Location of Premises

Forms of Business: **ASSOCIATION**
 Location of All Premises You Own, Rent or Occupy:
See Schedule of Locations

Item 5. Forms and Endorsements

Form(s) and Endorsement(s) made a part of this policy at time of issue:
See Schedule of Forms and Endorsements

Item 6. Premiums

Coverage Part Premium:	\$ 333.00
Other Premium:	
Total Premium:	\$ 333.00

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

Policy Number
648621307
COMMERCIAL GENERAL LIABILITY COVERAGE SCHEDULE
Allstate Insurance Company

Named Insured OMEGA II HOA C-O HILLTOP

 Effective Date: 06-01-19
 12:01 A.M., Standard Time

Agent Name JAWAD S BISHARAT

Item 5. Location of Premises

 Location of All Premises You Own, Rent or Occupy:
See Schedule of Locations

Code No.	Premium Basis	Premises/Operations	
73143	Number of Units	Rate	Premium
Location ALL	Exposure 6		\$ 38.00
Classification: Board of Managers Liability		Products/Completed Operations	
		Rate	Premium
Code No.	Premium Basis	Premises/Operations	
62003	Units	Rate	Premium
Location 001/001	Exposure 06	48.120	\$ 289.00
Classification: CONDOMINIUMS - RESIDENTIAL - (ASSOCIATION RISK ONLY) (PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT)		Products/Completed Operations	
		Rate	Premium
			INCL
Code No.	Premium Basis	Premises/Operations	
62003	Units	Rate	Premium
Location 001/001	Exposure 06	.020	\$ 6.00
Classification: TERRORISM		Products/Completed Operations	
		Rate	Premium
Code No.	Premium Basis	Premises/Operations	
		Rate	Premium
Location	Exposure		
Classification:		Products/Completed Operations	
		Rate	Premium



POLICY NUMBER: 648621307

Commercial General Liability

AL CW 12 11 09

**CONDOMINIUM AND COOPERATIVE ASSOCIATIONS
BOARD OF MANAGERS LIABILITY COVERAGE FORM SCHEDULE**

1. Insurance is provided subject to the limits of insurance and the deductible inserted below.
Refer to **SECTION III – LIMITS OF INSURANCE** and to item 4. Deductible of **SECTION I – COVERAGES** of the coverage form for the application of these limits and the deductible.

2. Limits of Insurance

Limits of Insurance	Deductible Amount
\$ 2,000,000 EACH WRONGFUL ACT	\$500 EACH WRONGFUL ACT
\$ 4,000,000 AGGREGATE	

3. Retroactive Date

This insurance does not apply to any "claim" from a "wrongful act" that occurred before the Retroactive Date, if any, shown below:

RETROACTIVE DATE: 6/01/2013



Allstate Insurance Company

CRIME AND FIDELITY COVERAGE

PART DECLARATIONS

(COMMERCIAL ENTITIES)

The Crime And Fidelity Coverage Part (Commercial Entities) consists of this Declarations Form and the Commercial Crime Coverage Form.

Coverage Is Written:

Primary
 Excess
 Coindemnity
 Concurrent

Employee Benefit Plan(s) Included As Insureds:

Insuring Agreements	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
1. Employee Theft	\$ 10,000	\$ 250
2. Forgery Or Alteration	Not Covered	
3. Inside The Premises – Theft Of Money And Securities	\$ 10,000	
4. Inside The Premises – Robbery Or Safe Burglary Of Other Property	Not Covered	
5. Outside The Premises	\$ 5,000	
6. Computer Fraud	Not Covered	
7. Funds Transfer Fraud	Not Covered	
8. Money Orders And Counterfeit Money	Not Covered	

If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this policy is deleted.

If Added By Endorsement:		
Insuring Agreement(s)	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence

Endorsements Forming Part Of This Coverage Part When Issued:

SEE SCHEDULE OF FORMS AND ENDORSEMENTS



Cancellation Of Prior Insurance Issued By Us:

By acceptance of this Coverage Part you give us notice cancelling prior policy Nos.

the cancellation to be effective at the time this Coverage Part becomes effective.

Countersignature Of Authorized Representative

Name: JAWAD S BISHARAT

Title:

Signature: JAWAD S BISHARAT

Date: 03-18-19





CUSTOMER NUMBER: 230969

RUN DATE: 03-18-19

JAWAD S BISHARAT
7858 IVANHOE AVE
LA JOLLA, CA 92037

OMEGA II HOA C-O HILLTOP COMMUNITY
EXECUTIVES
PO BOX 34398
SAN DIEGO, CA 92163-4398

Go green. Go paperless.

Switch to **Paperless Delivery*** and help reduce your carbon footprint. View your policy and billing documents, notifications and confirmations of payments online.

Register now through **Commercial My Account**
on Allstate.com

*State exceptions may apply



BU114-3

109001903186486213070101000010001025

Insured Full Copy



Thank you for being a loyal Allstate Insurance Company customer - we're delighted to have you with us!

Dear Valued Customer,

Here's Your Allstate Business Insurance Renewal Offer

We're pleased to offer to continue your Allstate policy for another twelve months, so you can keep getting:

- Quality coverage at competitive prices
- Access to our knowledgeable, helpful agent network
- The peace of mind of knowing your insurance provider is one of the most experienced in the industry

What's In This Package?

This package contains your insurance documents, including your Renewal Declarations Page—which lists your coverages, coverage limits, premiums and any discounts you're receiving. You'll want to review the Declarations Page to make sure you're comfortable with the coverage choices you've made. Keep in mind that policy documents may change, so you should carefully review them at each renewal.

Your Billing And Renewing

We will send you a payment notice in a separate mailing, which will list several convenient payment options. Please mail your payment to us by the due date indicated to ensure that you're protected.

Renewing your coverage is simple—just make sure we receive the required premium payment when it's due.

Have Questions?

Feel free to give your Allstate representative a call if you have any questions or if you see something that needs updating—coverages, limits, deductibles. Your Allstate representative will be happy to provide you with any additional information.

We Appreciate Your Business

Thank you for choosing Allstate. We appreciate the opportunity to help you protect what you have today and help prepare you for the future.

Sincerely,

Michael Barton
President
Allstate Business Insurance
Allstate Insurance Company

Enclosures



IMPORTANT NOTICE

The premium for your insurance policy is based on a variety of factors, including information you have given us. Factors which can affect your premium include, for example, how many buildings at the same location that are covered by your policy, the age of the buildings, and the type of construction. It is important that you notify us if the information upon which your premium is based is incorrect, incomplete, or changes. For example, improvements to loss control and prevention methods such as improving your sprinkler system, could reduce your premium. We encourage you to contact your agent from time to time to help ensure that you are receiving any premium reductions for which you may qualify.

We are pleased that you've chosen Allstate to help protect your business. Please note that this Important Notice provides only a general description of factors that apply or items that may reduce your premium. If you have any questions about these factors or items that may reduce your premium, please contact your Allstate agent.



CALIFORNIA PREMIUM REFUND DISCLOSURE NOTICE

In accordance with CAL. INS. CODE § 481.(c), we are notifying you that in the event that the first Named Insured cancels the insurance policy, we shall retain 10% of the unearned premium. The premium refunded to you will therefore be calculated as 90% of the pro rata unearned premium.

However, the penalty set forth in the preceding paragraph will not apply under the following circumstances, even if the first Named Insured cancels the policy:

1. The Insured(s) no longer has a financial or insurable interest in the property or business operation that is the subject of insurance; or
2. The policy is rewritten in the same insuring company or company group.

