

**PROPERTY DECLARATIONS**

<b>1. INSURANCE IS AFFORDED ONLY WITH RESPECT TO PROPERTY FOR WHICH:</b>							
a. An entry is made in Section 4 for the type of Building and Personal Property Coverage Form applicable to such property (Basic, Broad, Special or Supra); and b. Then only to such property for which a specific limit of insurance is shown. c. <input checked="" type="checkbox"/> Enter an "X" if a Supplemental Schedule(s) is attached.							
<b>2. INFLATION GUARD</b> (Indicate annual percentage if applicable)							
Annual Percentage: Building <u>4</u> %                      Personal Property <u>  </u> %							
<b>3. COVERED PROPERTY</b>							
Prem. No.	Bldg. No.	Premises Location	Description				
0001	001	1029 POLI VENTURA CA	FRAME 1 UNIT CONDO				
0001	002	1001-05 POLI VENTURA CA	FRAME 3 UNIT CONDO				
0001	003	993 POLI VENTURA CA	FRAME 1 UNIT CONDO				
0001	004	981 POLI VENTURA CA	FRAME 1 UNIT CONDO				
<b>4. LIMITS AND INSURANCE APPLICABLE</b>							
Prem. No.	Bldg. No.	Type of Property	Coverage Form Applicable	Valuation*	% or AV**	Deductible	Limits of Insurance
0001	001	BLANKET BUILDING	SPECIAL	RC	90	\$ 1,000	\$ 3,431,000
0001	002						
0001	003						
0001	004						
0001	005						
0001	006						
0001	007						
0001	008						
Personal Property at location not owned, leased, operated or regularly used by you except property covered above.				Any one location		\$	
				Total-all locations		\$	
<b>5. MORTGAGEE OR LOSS PAYEE</b>							
Prem. No.	Bldg. No.	Name and Address					
0001	001	STAND PAC SAV F.A. SUCCESS.      C/O SO BAY S & L ASSN 4590 MAC ARTHUR 125                  NEWPORT BEACH                      CA 92660					
0001	002	STAND PAC SAV F.A. SUCCESS.      C/O SO BAY S & L ASSN 4590 MAC ARTHUR 125                  NEWPORT BEACH                      CA 92660					
0001	003	STAND PAC SAV F.A. SUCCESS.      C/O SO BAY S & L ASSN 4590 MAC ARTHUR 125                  NEWPORT BEACH                      CA 92660					
<b>6. OPTIONAL COVERAGES - REFER TO SUPPLEMENTARY PROPERTY SCHEDULE "B"</b>							
<b>7. EXTENSION-PERSONAL PROPERTY OF OTHERS</b> (Check if applicable)							
<input type="checkbox"/> Coverage for Personal Property of Others in your care, custody or control is extended for the account of the owner without regard to your legal liability as limited in 4 above.							
*ACV - Actual Cash Value    RC-Replacement Cost    **% = Coinsurance Percent    AV = Agreed Value							

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 (Ed. 8-89)




**Commercial General Liability Coverage Part**

**COMMERCIAL GENERAL LIABILITY COVERAGE FORM DECLARATIONS**

**OCCURRENCE FORM**

1. Insurance is provided subject to the limits of insurance and the deductibles inserted below. Where there is no limit or deductible amount shown, there is no coverage or deductible applicable. Refer to Section III, Limits of Insurance, and the applicable deductible endorsement form attached to this Coverage Form for the application of these limits and deductibles.

**2. Limits of Insurance**

Limit	Amount
GENERAL AGGREGATE LIMIT (Other than Products -- Completed Operations)	\$ 4,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$
PERSONAL and ADVERTISING INJURY LIMIT	\$ 2,000,000
EACH OCCURRENCE LIMIT	\$ 2,000,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$ 100,000 ANY ONE PREMISES
MEDICAL EXPENSE LIMIT	\$ 5,000 ANY ONE PERSON

**3. Deductibles**

Coverage A	LIABILITY	PER CLAIM	PER OCCURRENCE	Amount and Basis of Deductible
BODILY INJURY LIABILITY	\$	\$	\$	
PROPERTY DAMAGE LIABILITY	\$	\$	\$	
BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY COMBINED	\$	\$	\$	

Enter below any limitations on the application of this deductible. If no limitation is entered, the deductible applies to damages for all bodily injury and property damage, however caused:





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

2. Limits of Insurance

1. Insurance is provided subject to the limits of insurance and the deductible inserted below. Refer to Section 6, Limits of Insurance, and Section 4, Deductible, for the application of these limits and the deductible.

**BOARD OF MANAGERS LIABILITY COVERAGE FORM SCHEDULE**  
(Condominiums and Cooperatives)

Board of Managers Liability Coverage Part



<b>SCHEDULE</b>	
<b>Coverages</b>	<b>Limit</b>
LIABILITY	\$ 2,000,000 ANY ONE ACCIDENT OR LOSS

1. Insurance is provided subject to the limit of insurance inserted below. Refer to Section III, Limits of Insurance, for the application of this limit.
2. Limits of Insurance

**EMPLOYER'S NON-OWNERSHIP AUTOMOBILE LIABILITY COVERAGE FORM SCHEDULE**

Employer's Non-Ownership Automobile Liability Coverage Part