

C.C.H.O.A.  
505 Grand Caribe Cswy  
Coronado CA 92118



Office 619.423.4353  
Fax 619.424.3923  
www.cchoa.org

## HOMEOWNERS ASSOCIATION

### INSURANCE SUMMARY

The Coronado Cays HOA Declaration of Covenants, Conditions & Restrictions (CC&Rs) have numerous sections that deal with both the association's risk management and insurance responsibilities and with those of a unit owner. At times, these responsibilities also extend to tenants of owners and others who may be guests or visitors. As an owner, you need to become familiar with the CC&Rs, in general, and with the risk management and insurance parts applicable to you, in particular. Also, you should ask your own personal insurance advisor to review these sections of the CC&Rs with you so that you can obtain proper types of personal insurance with appropriate limits given your exposures to loss. Here are certain unit owner risk management and insurance issues that you should consider: (1) Identifying and properly insuring the elements of your home in coordination with the Coronado Cay HOA's master policy. (2) Protecting yourself (and your neighbors) from possible damage resulting from the marina, boats and docks, (3) Securing personal earthquake and flood insurance for possible damage to your unit and possible special assessments levied by the association for such damage. The association does not maintain flood insurance. With respect to earthquake issues, you should ask your personal insurance advisor to explain coverages available from the California Earthquake Authority. The three issues just cited, however, are not meant to be a complete list by any means. Please read your CC&Rs and talk to your personal insurance advisor.

#### Statutory Disclosure

This summary of the Association's policies of insurance provides only certain information, as required by Section 5300 of the Civil Code, and should not be considered a substitute for the complete policy terms and conditions contained in the actual policies of insurance. Any Association member may, upon request and provision of reasonable notice, review the Association's insurance policies and, upon request and payment of reasonable duplication charges, obtain copies of those policies. Although the Association maintains the policies of insurance specified in this summary, the Association's policies of insurance may not cover your property, including personal property or real property improvements to or around your dwelling, or personal injuries or other losses that occur within or around your dwelling. Even if a loss is covered, you may nevertheless be responsible for paying all or a portion of any deductible that applies. Association members should consult with their individual insurance broker or agent for appropriate additional coverage.

#### Property location/ description covered:

Grand Caribe Isle	Administration Buildings
Antigua Village	108 Condominium units
Kingston Village	84 Condominium units
Mardi Gras Village	120 Condominium units
Montego Village	72 Condominium units
Maintenance Building	
Common Area	
Other Structures	5 Clubhouses located throughout the Cays

# Coronado Cays Homeowners' Association

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## Insurance Information

### **Property Insurance:**

Name of Insurer: Philadelphia Indemnity Insurance Company  
Policy# PHPK1630593  
Policy Limits: \$114,703,918  
Amount of Deductible: \$5,000  
Date Policy Begins: 03/31/2017  
Date Policy Ends: 03/31/2018

### **General Liability Insurance:**

Name of Insurer: Philadelphia Indemnity Insurance Company  
Policy# PHPK1630593  
Policy Limits: \$2,000,000 aggregate / \$1,000,000 per occurrence  
Amount of Deductible: N/A  
Date Policy Begins: 03/31/2017  
Date Policy Ends: 03/31/2018

### **Directors and Officers Insurance:**

Name of Insurer: RSUI Indemnity Company  
Policy# NHP671642  
Policy Limits: \$1,000,000  
Amount of Deductible: \$25,000  
Date Policy Begins: 03/31/2017  
Date Policy Ends: 03/31/2018

### **Fidelity Insurance / Crime:**

Name of Insurer: Travelers Casualty and Surety Co. of America  
Policy# 106710003  
Policy Limits: \$5,000,000 Employee Dishonesty  
Amount of Deductible: \$25,000  
Date Policy Begins: 03/31/2017  
Date Policy Ends: 03/31/2018

### **Umbrella Liability:**

Name of Insurer: Philadelphia Indemnity Insurance Company  
Policy# PHUB577833  
Policy Limits: \$15,000,000 aggregate / \$15,000,000 per occurrence  
Amount of Deductible: \$10,000  
Date Policy Begins: 03/31/2017  
Date Policy Ends: 03/31/2018

\*Coronado Cays Homeowners Association is responsible for paying the insurance deductible in the event of loss.

# Coronado Cays Homeowners' Association

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## Insurance Information

Insurance by: Alliant Insurance Services, Inc.  
701 B St. 6th Floor  
San Diego CA 92101

Agent: Mechelle Wilson  
(619) 849-3805 Direct  
(619) 238-1828 Office  
Email: [MWilson@alliant.com](mailto:MWilson@alliant.com)

Policy with: Philadelphia Indemnity Insurance Companies  
PO Box 70251  
Philadelphia PA 19176-0251

Condominium Package	Policy# PHPK1630593
Umbrella	Policy# PHUB577833



**Coronado Cays Homeowners' Association  
Insurance Disclosure Form**

**Property Insurance:**

Name of Insurer: Philadelphia Indemnity Ins. Company		Policy #: PHPK1630593	
Policy Limits:	\$114,703,918	Amount of Deductible:	\$5,000
Date Policy Begins:	03/31/2017	Date Policy Ends:	03/31/2018

**General Liability Insurance:**

Name of Insurer: Philadelphia Indemnity Ins. Company		Policy #: PHPK1630593	
Policy Limits:	\$2,000,000 Aggregate \$1,000,000 per Occurrence	Amount of Deductible:	N/A
Date Policy Begins:	03/31/2017	Date Policy Ends:	03/31/2018

**Directors & Officers / Employment Practices Liability Insurance:**

Name of Insurer: RSUI Indemnity Co.		Policy #: NHP671642	
Policy Limits:	\$1,000,000 Separate Limits	Amount of Deductible:	\$25,000
Date Policy Begins:	03/31/2017	Date Policy Ends:	03/31/2018

**Fidelity Insurance / Crime:**

Name of Insurer: Travelers Casualty and Surety Co. of America		Policy #: 106710003	
Policy Limits:	\$5,000,000 Employee Dishonesty	Amount of Deductible:	\$25,000
Date Policy Begins:	03/31/2017	Date Policy Ends:	03/31/2018

**Umbrella Liability**

Name of Insurer: Philadelphia Indemnity Ins. Company		Policy #: PHUB577833	
Policy Limits:	\$15,000,000 Aggregate \$15,000,000 per Occurrence	Amount of Deductible:	\$10,000
Date Policy Begins:	03/31/2017	Date Policy Ends:	03/31/2018



### **Unit Owner Risk Management and Insurance Responsibilities:**

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THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OR INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Alliant Insurance Services, Inc.  701 B Street - 6th Floor San Diego, CA 92101 Dick Parent/License No. 0C36861 Phone:619-238-1828	Contact Name Phone (A/C No. Ext):      FAX (A/C, No): Email Address: Producer Customer ID #:
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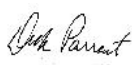
	INSURER(S) AFFORDING COVERAGE      NAIC#
Insured  <b>Coronado Cays Homeowners Assoc. 384 UNITS</b> <b>Antigua, Kingston, Montego, &amp; Mardi Gras Village</b> <b>505 Grand Caribe Cswy.</b> <b>Coronado, CA 92118</b> Contact:	INSURER A: Philadelphia Indemnity Insurance Company
	INSURER B: Travelers Casualty & Surety Company of America
	INSURER C: RSUI Indemnity Company
	INSURER D:
	INSURER E:
	INSURER F:

**COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:**

This is to certify that 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 certificate 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			PHPK1630593	3/31/2017	3/31/2018	EACH OCCURRENCE 1,000,000 FIRE DAMAGE(ANY ONE 100,000 FIRE) 5,000 MEDICAL EXPENSE 1,000,000 PERSONAL & ADV. INJURY 2,000,000 GENERAL AGGREGATE 2,000,000 PRODUCTS - COMP/OP AGG
	X	COMMERCIAL GENERAL CLAIMS MADE					
	X	OCCURRENCE					
	X	AGGREGATE POLICY					
	X	AGGREGATE PROJECT					
	X	AGGREGATE LOC					
	AUTOMOBILE LIABILITY			PHPK1630593	3/31/2017	3/31/2018	COMBINED SINGLE LIMIT 1,000,000 BODILY INJURY (PERSON) BODILY INJURY (ACCIDENT) PROPERTY DAMAGE (PER ACCIDENT)
	X	ANY AUTO					
	X	ALL OWNED AUTOS					
	X	SCHEDULED AUTOS					
	X	HIRED AUTOS					
	X	NON-OWNED AUTOS					
	UMBRELLA LIAB						AUTO ONLY (ACCIDENT) OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE
A	EXCESS LIABILITY			PHUB577833	3/31/2017	3/31/2018	EACH OCCURRENCE 15,000,000 AGGREGATE 15,000,000
	X	OCCUR CLAIMS MADE					
	X	DEDUCTIBLE					
	X	RETENTION					
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED						WC STATUTORY LIMITS OTHER EL EACH ACCIDENT EL DISEASE - POLICY LIMIT EL DISEASE - EA EMPLOYEE
A	Buildings Blkt, Special F			PHPK1630593	3/31/2017	3/31/2018	Limit \$114,703,918/ Ded \$5,000/ Building Ordinance
A	Buildings Blkt			PHPK1630593	3/31/2017	3/31/2018	Replacement Cost - Agreed Value
C	Directors & Officers			NHP671642	3/31/2017	3/31/2018	Limit \$1,000,000 / Retention \$25,000
B	Fidelity / Crime			106710003	3/31/2017	3/31/2018	Employee Dishonesty Limit \$5,000,000/Ded \$25,000

DESCRIPTION OF OPERATION/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

<b>CERTIFICATE HOLDER</b>     LOAN #	<b>Cancellation</b> Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.  Authorized Representative 
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# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
7/25/2017

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.**

<b>PRODUCER</b> San Diego-Alliant Insurance Services, Inc. 701 B St 6th Fl San Diego CA 92101		<b>CONTACT NAME:</b> Mechelle Wilson, CIC, CISR, AIS, AINS, CIIP <b>PHONE (A/C, No, Ext):</b> 619-849-3805 <b>E-MAIL ADDRESS:</b> <b>PRODUCER CUSTOMER ID:</b> COROCAY-01		<b>FAX (A/C, No):</b> 619-699-2155
<b>INSURED</b> Coronado Cays Homeowners Association 505 Grand Caribe Cswy. Coronado CA 92118		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		<b>INSURER A:</b> Everest Indemnity Insurance Company		10851
		<b>INSURER B:</b>		
		<b>INSURER C:</b>		
		<b>INSURER D:</b>		
		<b>INSURER E:</b>		
		<b>INSURER F:</b>		

### COVERAGES

**CERTIFICATE NUMBER:** 885632

**REVISION NUMBER:**

**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

THIS IS TO CERTIFY THAT 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 CERTIFICATE 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.

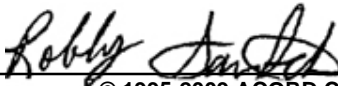
INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input type="checkbox"/> <b>PROPERTY</b>	8400005143-171	7/1/2017	7/1/2018	<input type="checkbox"/> BUILDING	\$	
	<input type="checkbox"/> CAUSES OF LOSS				<input type="checkbox"/> DEDUCTIBLES	<input type="checkbox"/> PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC				<input type="checkbox"/> BUILDING	<input type="checkbox"/> BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD				<input type="checkbox"/> CONTENTS	<input type="checkbox"/> EXTRA EXPENSE	\$
	<input type="checkbox"/> SPECIAL					<input type="checkbox"/> RENTAL VALUE	\$
	<input checked="" type="checkbox"/> EARTHQUAKE				5% (\$50K MIN)	<input type="checkbox"/> BLANKET BUILDING	\$
	<input type="checkbox"/> WIND					<input type="checkbox"/> BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD					<input type="checkbox"/> BLANKET BLDG & PP	\$
						<input checked="" type="checkbox"/> Earthquake	\$10,000,000
							\$
	<input type="checkbox"/> <b>INLAND MARINE</b>	TYPE OF POLICY			\$		
	<input type="checkbox"/> CAUSES OF LOSS				\$		
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER			\$		
	<input type="checkbox"/> <b>CRIME</b>				\$		
	<input type="checkbox"/> TYPE OF POLICY				\$		
	<input type="checkbox"/> <b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>				\$		
					\$		
					\$		
					\$		

**SPECIAL CONDITIONS / OTHER COVERAGES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: Kingston Village only.

### CERTIFICATE HOLDER

### CANCELLATION

PROOF OF INSURANCE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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# FYI!!!

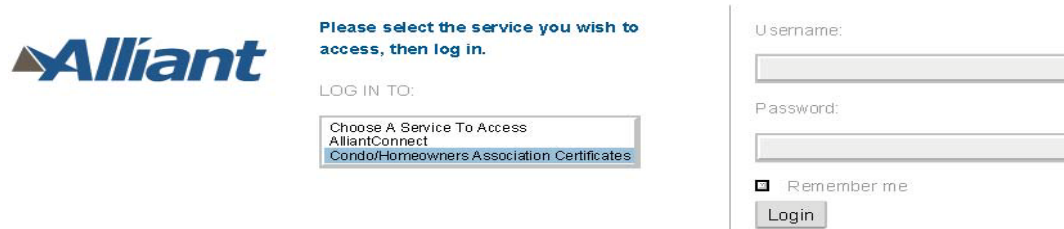
FOR HOMEOWNERS ASSOCIATIONS/CONDO CERTIFICATE OF INSURANCE REQUESTS, PLEASE USE OUR ONLINE SERVICE.

GO TO [WWW.ALLIANT.COM](http://WWW.ALLIANT.COM)

**PLEASE ALLOW FOR INTERNET POP-UPS.**

**CLICK** CLIENT LOG-IN (no Username or Password required)

**FIND** CONDO/HOME OWNERS ASSN. CERTIFICATES (UNDER CLIENT LOG-IN)



The screenshot shows the Alliant website's login interface. On the left is the Alliant logo. To its right, a blue instruction reads: "Please select the service you wish to access, then log in." Below this is a "LOG IN TO:" section with a dropdown menu. The dropdown is open, showing two options: "AlliantConnect" and "Condo/Homeowners Association Certificates", with the latter selected. To the right of the dropdown are two input fields: "Username:" and "Password:". Below the password field is a checkbox labeled "Remember me" and a "Login" button.

## TYPE

- ENTER FIRST **4** LETTERS OF THE ASSN. NAME (EX: DRIVER HOA = TYPE -> DRIV )
- CLICK ON SUBMIT
- ENTER REQUESTED INFORMATION (UNIT OWNER, MORTGAGE/LENDER INFO, ETC...)

**PRINT** MUST CLICK “ PRINT FROM WEB” AT BOTTOM OF SCREEN

Note: FOR 2<sup>ND</sup> MORTGAGEE, PLEASE USE THE SAME INSTRUCTION AS PER ABOVE.

THANK YOU,  
ALLIANT INSURANCE SERVICES, INC.