



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
09/25/2025

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

PRODUCER NAME, CONTACT PERSON AND ADDRESS	PHONE (A/C, No. Ext): (858) 386-4443	COMPANY NAME AND ADDRESS	NAIC NO:
Pacific Premier Insurance Assoc., Inc.		California FAIR Plan	
Brian Grant 3160 Camino Del Rio S #118 San Diego CA 92108		PO Box 76924	
FAX (A/C, No): (858) 386-4445	E-MAIL ADDRESS: certificates@pacpremier.com	Los Angeles CA 90076 IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:	SUB CODE:	POLICY TYPE	
AGENCY CUSTOMER ID #: A-04058		Commercial Property	
NAMED INSURED AND ADDRESS		LOAN NUMBER	POLICY NUMBER
Carnelian Woods P.O. BOX 68 Carnelian Bay CA 96140		COM 0300204489 01	
ADDITIONAL NAMED INSURED(S)		EFFECTIVE DATE 03/31/2025	EXPIRATION DATE 03/31/2026
		CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:			

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) **BUILDING** OR **BUSINESS PERSONAL PROPERTY**

LOCATION / DESCRIPTION	5101 North Lake Blvd Carnelian Bay CA 96140
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	PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL	
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE:		\$ 19,999,900		DED: \$75,000	
		YES	NO	N/A	
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE		<input checked="" type="checkbox"/>			If YES, LIMIT: \$1,486,800 Actual Loss Sustained; # of months:
BLANKET COVERAGE		<input checked="" type="checkbox"/>			If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE		<input checked="" type="checkbox"/>			Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		<input checked="" type="checkbox"/>			
IS DOMESTIC TERRORISM EXCLUDED?		<input checked="" type="checkbox"/>			
LIMITED FUNGUS COVERAGE		<input checked="" type="checkbox"/>			If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)		<input checked="" type="checkbox"/>			
REPLACEMENT COST		<input checked="" type="checkbox"/>			
AGREED VALUE		<input checked="" type="checkbox"/>			
COINSURANCE		<input checked="" type="checkbox"/>			If YES, 70 %
EQUIPMENT BREAKDOWN (If Applicable)		<input checked="" type="checkbox"/>			If YES, LIMIT: DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		<input checked="" type="checkbox"/>			If YES, LIMIT: DED:
- Demolition Costs		<input checked="" type="checkbox"/>			If YES, LIMIT: DED:
- Incr. Cost of Construction		<input checked="" type="checkbox"/>			If YES, LIMIT: DED:
EARTH MOVEMENT (If Applicable)		<input checked="" type="checkbox"/>			If YES, LIMIT: DED:
FLOOD (If Applicable)		<input checked="" type="checkbox"/>			If YES, LIMIT: DED:
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		<input checked="" type="checkbox"/>			If YES, LIMIT: DED:
NAMED STORM INCL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Subject to Different Provisions:		<input checked="" type="checkbox"/>			If YES, LIMIT: DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		<input checked="" type="checkbox"/>			

CANCELLATION

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

ADDITIONAL INTEREST

CONTRACT OF SALE MORTGAGEE	LENDER'S LOSS PAYABLE	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
NAME AND ADDRESS Proof of Insurance			AUTHORIZED REPRESENTATIVE <i>Laura Goodnow</i>

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PRODUCER NAME, CONTACT PERSON AND ADDRESS	PHONE (A/C, No. Ext): (858) 386-4443	COMPANY NAME AND ADDRESS	NAIC NO: 12489
Pacific Premier Insurance Assoc., Inc. Brian Grant 3160 Camino Del Rio S #118 San Diego CA 92108		Bridgeway Insurance Company	
FAX (A/C, No): (858) 386-4445	E-MAIL ADDRESS: certificates@pacpremier.com	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:	SUB CODE:	POLICY TYPE	
AGENCY CUSTOMER ID #: A-04058		Commercial Property	
NAMED INSURED AND ADDRESS Carnelian Woods P.O. BOX 68 Carnelian Bay CA 96140		LOAN NUMBER	POLICY NUMBER 7EA7PP1003744-00 / DIC-WRAP
ADDITIONAL NAMED INSURED(S)		EFFECTIVE DATE 03/31/2025	EXPIRATION DATE 03/31/2026
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COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	SPECIAL	<input checked="" type="checkbox"/> Difference in Conditions
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		YES	NO	N/A	
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE		<input checked="" type="checkbox"/>	If YES, LIMIT: Actual Loss Sustained; # of months:		
BLANKET COVERAGE		<input checked="" type="checkbox"/>	If YES, indicate value(s) reported on property identified above: \$		
TERRORISM COVERAGE		<input checked="" type="checkbox"/>	Attach Disclosure Notice / DEC		
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		<input checked="" type="checkbox"/>			
IS DOMESTIC TERRORISM EXCLUDED?		<input checked="" type="checkbox"/>			
LIMITED FUNGUS COVERAGE		<input checked="" type="checkbox"/>	If YES, LIMIT: DED:		
FUNGUS EXCLUSION (If "YES", specify organization's form used)		<input checked="" type="checkbox"/>	PRES0401		
REPLACEMENT COST		<input checked="" type="checkbox"/>			
AGREED VALUE		<input checked="" type="checkbox"/>			
COINSURANCE		<input checked="" type="checkbox"/>	If YES, %		
EQUIPMENT BREAKDOWN (If Applicable)		<input checked="" type="checkbox"/>	If YES, LIMIT: DED:		
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		<input checked="" type="checkbox"/>	If YES, LIMIT: DED:		
- Demolition Costs		<input checked="" type="checkbox"/>	If YES, LIMIT: DED:		
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FLOOD (If Applicable)		<input checked="" type="checkbox"/>	If YES, LIMIT: DED:		
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		<input checked="" type="checkbox"/>	If YES, LIMIT: DED:		
NAMED STORM INCL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Subject to Different Provisions:		<input checked="" type="checkbox"/>	If YES, LIMIT: DED:		
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NAME AND ADDRESS Proof of Insurance			AUTHORIZED REPRESENTATIVE

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