



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

<b>COVERAGE INFORMATION</b>		PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 19,999,900		DED: \$75,000			
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	YES NO N/A	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If YES, LIMIT: \$1,486,800 Actual Loss Sustained; # of months:		
BLANKET COVERAGE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	If YES, indicate value(s) reported on property identified above: \$		
TERRORISM COVERAGE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Attach Disclosure Notice / DEC		
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
IS DOMESTIC TERRORISM EXCLUDED?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
LIMITED FUNGUS COVERAGE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	If YES, LIMIT: DED:		
FUNGUS EXCLUSION (If "YES", specify organization's form used)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
REPLACEMENT COST	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
AGREED VALUE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
COINSURANCE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	If YES, 70 %		
EQUIPMENT BREAKDOWN (If Applicable)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	If YES, LIMIT: DED:		
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	If YES, LIMIT: DED:		
- Demolition Costs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	If YES, LIMIT: DED:		
- Incr. Cost of Construction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	If YES, LIMIT: DED:		
EARTH MOVEMENT (If Applicable)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	If YES, LIMIT: DED:		
FLOOD (If Applicable)	<input checked="" type="checkbox"/>	<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"/>	<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"/>	<input checked="" type="checkbox"/>	If YES, LIMIT: DED:		
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	<input checked="" type="checkbox"/>	<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	LENDER'S LOSS PAYABLE	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE			
NAME AND ADDRESS Proof of Insurance			AUTHORIZED REPRESENTATIVE <i>Laura Goodnow</i>

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PRODUCER NAME, CONTACT PERSON AND ADDRESS Pacific Premier Insurance Assoc., Inc. Brian Grant 3160 Camino Del Rio S #118 San Diego CA 92108		PHONE (A/C, No, Ext): (858) 386-4443	COMPANY NAME AND ADDRESS Bridgeway Insurance Company	NAIC NO: 12489
FAX (A/C, No): (858) 386-4445	E-MAIL ADDRESS: certificates@pacpremier.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE: AGENCY CUSTOMER ID #: A-04058	SUB CODE:		POLICY TYPE 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	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
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<b>COVERAGE INFORMATION</b>		PERILS INSURED	BASIC	BROAD	SPECIAL	<input checked="" type="checkbox"/> Difference in Conditions
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 19,999,900		DED: \$75,000				
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	YES NO N/A	<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:	
- 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 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"/>				

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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	LENDER'S LOSS PAYABLE	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE			
NAME AND ADDRESS Proof of Insurance			AUTHORIZED REPRESENTATIVE 

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