

NOTICE OF CONDITIONS SURCHARGE AT RENEWAL

**CALIFORNIA
FAIR PLAN**
PROPERTY INSURANCE725 S. Figueroa Street, Suite 3900
Los Angeles, CA 90017
(800) 339-4099
www.cfpnet.com**DATE OF THIS LETTER**
POLICY NUMBER
EFFECTIVE DATE
EXPIRED DATE03/24/2026
CHV 0402513973 00
01/10/2026
01/10/2027**INSURED NAME AND MAILING ADDRESS**Carnelian Woods, Don Adams
P.O. BOX 68
Carnelian Bay, CA 96140**YOUR INSURANCE BROKER**Pacific Premier Insurance Associates, Inc
3517 Camino Del Rio South, Suite 215 PMB 1601
San Diego, CA 92108
(858) 386-4443**PROPERTY LOCATION**

5101 N Lake Blvd, Carnelian Bay, CA 96140

IMPORTANT NOTICE

Dear Insured / Broker,

Effective renewal, the premium for your policy is increasing and dwelling replacement cost is being removed. These changes are being made because the conditions listed below were identified from an inspection of your property.

Should these conditions be corrected you can submit proof of correction requesting that coverage not be removed and the premium not be raised. Submit this Notice with signed Certification to the FAIR Plan along with pictures and/or invoices showing work done as proof of correction.

All conditions must meet FAIR Plan Underwriting standards to avoid the application of a surcharge. Please provide photos and/or receipts for each deficiency noted as proof of repair or correction. Note: photos can be e-mailed to cfpuw@cfpnet.com. Receipts can be faxed to (213)-252-8084.

CONDITION(S) NEEDING CORRECTION

Buildings 2, 3, 4, 5, 6, 7, 8, 9, 10, 12, 13, and 15:

- Trees or tree limbs that extend over the covered structure and/or that are positioned within 5 feet of the structure, or within 10 feet of the outlet of a chimney or stovepipe which could be reasonably mitigated by the property owner: Tree branches must be trimmed at least 5 feet away from the roof and/or building.

CERTIFICATION

All conditions needing correction have been resolved and I am enclosing proof of correction. I understand that the property may be reinspected.

Signature of Insured _____

Date _____

Person to contact for reinspection (please print)_____
Contact phone number

Reply via e-mail to cfpuw@cfpnet.com; via fax to (213) 252-8084; or via regular mail to the address above.

See enclosed applicant's and Insured's appeal procedure.

UNDERWRITING DEPARTMENT