ACORD EVIDENCE OF COMME	ER	CI	Al	_ PROPERTY	INSURA	NCE	DATE (MM/DD/YYYY) 9/2/2010		
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, PHONE (949) 487-9696; License #0740433 CONTACT PERSON AND ADDRESS (A/C, No, Ext):				COMPANY NAME AND ADDRESS NAIC NO:					
Prendiville Insurance Agency				Underwriter's at Lloyds - WB0003783					
27127 Calle Arroyo, Suite 1925				Empire Indemnity Ins. Co 312321JF1					
San Juan Capistrano, CA 92675				First Mercury Ins. Co FMAH000468					
License #0740433									
FAX (A/C, No):(949) 487-9626 E-MAIL ADDRESS:				IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH					
CODE: SUB CODE:				POLICY TYPE					
AGENCY CUSTOMER ID #:				Earthquake					
NAMED INSURED AND ADDRESS				LOAN NUMBER POLICY NUMBER					
Cypress HOA				Multiple - see above					
23046 Avenida de la Carlota, Suite 700				EFFECTIVE DATE	EXPIRATION DATE		CONTINUED UNTIL		
Laguna Hills, CA 92653				9/1/2010	9/1/2011		TERMINATED IF CHECKED		
ADDITIONAL NAMED INSURED(S) THIS REPLACES PRIOR EVIDENCE DATED:							• •		
c/o Accell Property Management									
PROPERTYINFORMATION(Use REMARKS on page 2, if more space	is r	equi	red)	🔀 BUILD	DING OR 🔲 BL	ISINES	S PERSONAL PROPERTY		
Location: All locations within the Cypress HOA									
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	BAS	SIC		BROAD SPECIAL		qual			
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$				23,000	,000	D	ED: 20%		
	YES	NO	N/A			_			
		Х		IfYES, LIMIT:		Actua	al LossSustained;#ofmonths:		
BLANKET COVERAGE		Х		If YES, indicate value(s) reported on	propertyidentified above:\$				
TERRORISM COVERAGE		х		AttachDisclosure Notice/DEC					
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	х								
IS DOMESTIC TERRORISM EXCLUDED?	х								
LIMITED FUNGUS COVERAGE		Х		IfYES, LIMIT:			DED:		
FUNGUS EXCLUSION (If "YES", specifyorganization's formused)	х								
REPLACEMENT COST	х								
AGREED VALUE		х							
COINSURANCE		Х		IfYES, %					
EQUIPMENT BREAKDOWN (If Applicable)		Х		IfYES, LIMIT:			DED:		
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	х								
- Demolition Costs	х			IfYES, LIMIT:	5,000,000		DED: 20%		
- Incr. Cost of Construction	х			IfYES, LIMIT:	5,000,000		DED: 20%		
EARTH MOVEMENT (If Applicable)			х	IfYES, LIMIT:			DED:		
FLOOD (If Applicable)	х			IfYES, LIMIT:	Included		DED: 2%		
WIND / HAIL (If Subjectto Different Provisions)			х	IfYES, LIMIT:			DED:		
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE		x							
HOLDER PRIOR TO LOSS									
CANCELLATION	I								
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									
MORTGAGEE CONTRACT OF SALE				LENDER SERVICING AGENT NA	AME AND ADDRESS				
LENDERS LOSS PAYABLE									
NAME AND ADDRESS									
Accell Property Management									
23046 Avenida de la Carlota, Suite 700 Laguna Hills, CA 92653									
Laguna Hills, CA 92653							1 <u>: · U Q</u>		
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EVIDENCEOF COMMERCIAL PROPERTY INSURANCE REMARKS - Including Special Conditions (Use only if more space is required)

This Evidence of Property Insurance is Intended to Provide Proof of Coverage Only as Respects: Earthquake Insurance

\*CANCELLATION - 30 DAYS NOTICE OF CANCELLATION EXCEPT 10 DAYS NOTICE FOR NON-PAYMENT OF PREMIUM.