



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
3/30/2018

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 MOC Insurance Services License No. 0589960 101 Montgomery St., Suite 800 San Francisco CA 94104		PHONE (A/C, No, Ext): (415) 957-0600	COMPANY NAME AND ADDRESS Liberty Surplus Ins. Corp. + Excess Carriers (att'd) 1100 Walnut, Suite 3200 Kansas City MO 64106	NAIC NO:
FAX (A/C, No): (415) 957-0577	E-MAIL ADDRESS: jholman@mocins.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE: AGT12924	SUB CODE:		POLICY TYPE Commercial Property	
AGENCY CUSTOMER ID #: 00006690		LOAN NUMBER		POLICY NUMBER EA1R17019000
NAMED INSURED AND ADDRESS Watergate Community Association 8 Captain Drive Emeryville CA 94608		EFFECTIVE DATE 3/29/2018	EXPIRATION DATE 3/29/2019	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)		THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (Use REMARKS on page 2, if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION
INFORMATIONAL EVIDENCE OF INSURANCE ONLY.

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: \$		288,090,500	DED:	\$10,000	
<input type="checkbox"/> BUSINESS INCOME	<input type="checkbox"/> RENTAL VALUE	YES	NO	N/A	Actual Loss Sustained; # of months:
BLANKET COVERAGE		<input checked="" type="checkbox"/>			If YES, indicate value(s) reported on property identified above: \$ 288,090,500
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: \$10,000 DED: \$10,000
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, %
EQUIPMENT BREAKDOWN (If Applicable)		<input checked="" type="checkbox"/>			If YES, LIMIT: \$25,000,000 DED: \$10,000/24 hr
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		<input checked="" type="checkbox"/>			If YES, LIMIT: \$288,090,500 DED: \$10,000
- Demolition Costs		<input checked="" type="checkbox"/>			If YES, LIMIT: \$10,000,000 DED: \$10,000
- Incr. Cost of Construction		<input checked="" type="checkbox"/>			If YES, LIMIT: \$10,000,000 DED: \$10,000
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: \$288,090,500 DED: \$10,000
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		<input checked="" type="checkbox"/>			If YES, LIMIT: \$288,090,500 DED: \$10,000
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		LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE	CONTRACT OF SALE	
LENDERS LOSS PAYABLE		
NAME AND ADDRESS INFORMATIONAL EVIDENCE OF INSURANCE ONLY		AUTHORIZED REPRESENTATIVE Jeff Holman/CMU

COMMENTS/REMARKS

COMPANY: Great American Insurance Company
POLICY TERM: 3/29/2018 to 3/29/2019
POLICY #CPP185618801
LIMIT: \$80,472,400 xs of \$150,000,000

COMPANY: Homeland Insurance Company of New York
POLICY TERM: 3/29/2018 to 3/29/2019
POLICY #795007499
LIMIT: \$57,618,100 xs of \$230,472,400

Total Number of Units: 1,249