



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

12/15/2024

THIS EVIDENCE OF 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.

AGENCY O'CONNOR INSURANCE AGENCY, LLC 18809 COX AVE STE 260 SARATOGA CA 95070-6617	PHONE (A/C, No, Ext): (408) 877-0000	COMPANY DB INSURANCE COMPANY USA 222 S HARBOR BLVD STE 720 ANAHEIM CA 92805-3755
FAX (A/C, No): (408) 877-0000	E-MAIL ADDRESS: JAMES@OCONNORHOAINS.COM	
CODE: AGENCY CUSTOMER ID #:	SUB CODE:	
INSURED THE VINEYARDS OF SARATOGA® C/O COMMUNITY MANAGEMENT SERVICES 1935 DRY CREEK RD STE 203 CAMPBELL CA 95008-3631	LOAN NUMBER	POLICY NUMBER CBP2320383
	EFFECTIVE DATE 12/15/2024	EXPIRATION DATE 12/15/2025
		<input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
	THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION

LOCATION/DESCRIPTION	19000 VINEYARD LN SARATOGA CA 95070
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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	<input checked="" type="checkbox"/> WIND & HAIL INCLUDED
COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE			
BUILDING INSURED FOR 125% REPLACEMENT, BLANKET	\$52,205,000	\$50,000			
BUILDING BARE-WALLS PER LANGUAGE IN CC&R'S	INCLUDED				
BUILDING ORDINANCE, EQUIPMENT BREAKDOWN, INFLATION GUARD	INCLUDED				
FIDELITY BOND INCLUDING COMPUTER & WIRE FRAUD	\$3,200,000	\$10,000			
DIRECTORS & OFFICERS LIABILITY	\$1,000,000	\$5,000			
GENERAL LIABILITY PER OCCURRENCE	\$1,000,000	\$0			
GENERAL LIABILITY ANNUAL AGGREGATE	\$2,000,000	\$0			
HIRED & NON-OWNED AUTO LIABILITY	\$1,000,000	\$0			
WORKERS COMPENSATION	\$1,000,000	\$0			
UMBRELLA LIABILITY	\$20,000,000	\$0			

REMARKS (Including Special Conditions)

165 UNITS, PROPERTY MANAGEMENT ADDITIONAL INSURED, 30 DAYS NOTICE PRIOR TO CANCEL, WAIVER OF SUBROGATION, SEPARATION OF INSURED & SEVERABILITY OF INTEREST, NO COINSURANCE, NO UNAFFILIATED PROJECTS.

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

NAME AND ADDRESS BILL OLDFIELD COMMUNITY MANAGEMENT SERVICES, INC. 1935 DRY CREEK RD STE 203 CAMPBELL CA 95008-3631	<input checked="" type="checkbox"/> ADDITIONAL INSURED MORTGAGEE LOAN # AUTHORIZED REPRESENTATIVE JAMES MICHAEL O'CONNOR	LENDER'S LOSS PAYABLE	LOSS PAYEE
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – MANAGERS OR LESSORS
OF PREMISES**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

A. Designation Of Premises (Part Leased To You): 19101-19911 VINEYARD LANE
B. Name Of Person Or Organization (Additional Insured): COMMUNITY MANAGEMENT SERVICES INC
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. The following is added to Paragraph C. Who Is An Insured in Section II - Liability:

3. The person or organization shown in the Schedule is also an insured, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule.

B. The following exclusions are added to Section II - Liability:

This insurance does not apply to:

1. Any "occurrence" that takes place after you cease to be a tenant in the premises described in the Schedule.
2. Structural alterations, new construction or demolition operations performed by or for the person or organization designated in the Schedule.