

**Policy Number**  
**648102749**

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**  
**SUPPLEMENTAL DECLARATIONS**

**Allstate Insurance Company**

Named Insured 4127 FLORIDA HOA

Effective Date: 12-01-2018  
 12:01 A.M., Standard Time

Agent Name GOODS INS AGCY INC

**Item 1. Business Description: 10 UNIT CONDOMINIUM ASSOCIATION**

**Item 2. Limits of Insurance**

Coverage	Limit of Liability	
Aggregate Limits of Liability	<b>INCLUDED</b>	Products/Completed Operations Aggregate
	\$ 4,000,000	General Aggregate (other than Products/Completed Operations)
Coverage A - Bodily Injury and Property Damage Liability	\$ 2,000,000	any one occurrence subject to the Products/Completed Operations and General Aggregate Limits of Liability
Damage To Premises Rented To You	\$ 100,000	any one premises subject to the Coverage A occurrence and the General Aggregate Limits of Liability
Coverage B - Personal and Advertising Injury Liability	\$ 2,000,000	any one person or organization subject to the General Aggregate Limits of Liability
Coverage C - Medical Payments	\$ 5,000	any one person subject to the Coverage A occurrence and the General Aggregate Limits of Liability

**Item 3. Retroactive Date (Not Applicable in New York)**

Coverage A of this Insurance does not apply to "bodily injury" or "property damage" which occurs before the Retroactive Date, if any, shown here: \_\_\_\_\_

(Enter Date or "None" if no Retroactive Date applies)

**Item 4. Form of Business and Location of Premises**

Forms of Business: LIMITED LIABILITY COMPANY

Location of All Premises You Own, Rent or Occupy:

**See Schedule of Locations**

**Item 5. Forms and Endorsements**

Form(s) and Endorsement(s) made a part of this policy at time of issue:

**See Schedule of Forms and Endorsements**

**Item 6. Premiums**

Coverage Part Premium:

Other Premium:

Total Premium:

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

**Policy Number**  
**648102749**
**COMMERCIAL GENERAL LIABILITY COVERAGE SCHEDULE**
**Allstate Insurance Company**

Named Insured 4127 FLORIDA HOA

 Effective Date: 07-25-19  
 12:01 A.M., Standard Time

Agent Name GOODS INS AGCY INC

**Item 5. Location of Premises**

 Location of All Premises You Own, Rent or Occupy:  
**See Schedule of Locations**

Code No.	Premium Basis	Premises/Operations	
62003	Units		
Location	001/001	Exposure	10
		Rate	Premium
Classification:		47.390	\$ 474.00
CONDOMINIUMS - RESIDENTIAL -		Products/Completed Operations	
(ASSOCIATION RISK ONLY)		Rate	Premium
(PRODUCTS-COMPLETED OPERATIONS ARE			INCL
SUBJECT TO THE GENERAL AGGREGATE LIMIT)			
Code No.	Premium Basis	Premises/Operations	
Location		Exposure	
		Rate	Premium
Classification:			
		Products/Completed Operations	
		Rate	Premium
Code No.	Premium Basis	Premises/Operations	
Location		Exposure	
		Rate	Premium
Classification:			
		Products/Completed Operations	
		Rate	Premium
Code No.	Premium Basis	Premises/Operations	
Location		Exposure	
		Rate	Premium
Classification:			
		Products/Completed Operations	
		Rate	Premium



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – CONDOMINIUM UNIT OWNERS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

WHO IS AN INSURED (Section II) is amended to include as an insured each individual unit owner of the insured condominium, but only with respect to liability arising out of the ownership, maintenance or repair of that portion of the premises which is not reserved for that unit owner's exclusive use or occupancy.



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

<b>Name Of Additional Insured Person(s) Or Organization(s)</b>
CEOSD.NET 510
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.



**Policy Number**  
**648102749**

**SCHEDULE OF LOCATIONS**  
**Allstate Insurance Company**

Named Insured 4127 FLORIDA HOA

Effective Date: 07-25-19  
12:01 A.M., Standard Time

Agent Name GOODS INS AGCY INC

Loc. No.	Bldg. No.	Designated Locations (Address, City, State, Zip Code)	Occupancy
001	001	4127 FLORIDA ST, SAN DIEGO, CA 92104-1042	CONDO

