



CONDOMINIUM PAC

A Custom Insurance Policy Prepared for:

THE GROVE LOFTS HOA

HOA Management Company
Eugene Burger Management Corp
6600 Hunter Dr.
Rohnert Park, CA 94928
(707) 584-5123

Compiled 05/18/07

This package contains Declarations only and is prepared for lender information. Complete document and policy is forthcoming.



One Tower Square, Hartford, Connecticut 06183

COMMON POLICY DECLARATIONS
CONDOMINIUM PAC
BUSINESS: CONDO 1-4

POLICY NO.: I-680-2469L122-TCT-07
ISSUE DATE: 05-21-07

INSURING COMPANY:
THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

1. NAMED INSURED AND MAILING ADDRESS:

THE GROVE LOFTS HOA
2185 W DRY CREEK RD

HEALDSBURG CA 95448

2. POLICY PERIOD: From 05-15-07 to 05-15-08 12:01 A.M. Standard Time at your mailing address.

3. DESCRIPTION OF PREMISES:

PREM. LOC. NO.	BLDG. NO.	OCCUPANCY	ADDRESS (same as Mailing Address unless specified otherwise)
01	01	CONDO 1-4	502-546 GROVE ST. HEALDSBURG CA 95448

4. COVERAGE PARTS AND SUPPLEMENTS FORMING PART OF THIS POLICY AND INSURING COMPANIES

COVERAGE PARTS and SUPPLEMENTS	INSURING COMPANY
Businessowners Coverage Part	TCT

5. The COMPLETE POLICY consists of this declarations and all other declarations, and the forms and endorsements for which symbol numbers are attached on a separate listing.

6. SUPPLEMENTAL POLICIES: Each of the following is a separate policy containing its complete provisions.

POLICY	POLICY NUMBER	INSURING COMPANY
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DIRECT BILL

7. PREMIUM SUMMARY:

Provisional Premium	\$	7,258.00
Due at Inception	\$	
Due at Each	\$	

NAME AND ADDRESS OF AGENT OR BROKER

COUNTERSIGNED BY:

I S U INSURANCE SERVICES HE771
 201 CALIFORNIA ST STE 200
 SAN FRANCISCO CA 94111-5098
 IL TO 19 02 05 (Page 1 of 01)
 Office: WALNUT CREEK DOWN

Authorized Representative

DATE: _____



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BUSINESSOWNERS COVERAGE PART DECLARATIONS

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FORM OF BUSINESS: HOA

COVERAGES AND LIMITS OF INSURANCE: Insurance applies only to an item for which a "limit" or the word "included" is shown.

COMMERCIAL GENERAL LIABILITY COVERAGE

OCCURRENCE FORM	LIMITS OF INSURANCE	
General Aggregate (except Products-Completed Operations Limit)	\$	4,000,000
Products-Completed Operations Aggregate Limit	\$	4,000,000
Personal and Advertising Injury Limit	\$	2,000,000
Each Occurrence Limit	\$	2,000,000
Damage to Premises Rented to You	\$	300,000
Medical Payments Limit (any one person)	\$	5,000

BUSINESSOWNERS PROPERTY COVERAGE

DEDUCTIBLE AMOUNT: Businessowners Property Coverage: \$ 1,000 per occurrence.
 Building Glass: \$ 1,000 per occurrence.

BUSINESS INCOME/EXTRA EXPENSE LIMIT: Actual loss for 12 consecutive months

Period of Restoration-Time Period: Immediately

Other additional coverages apply and may be changed by an endorsement. Please read the policy.

SPECIAL PROVISIONS:

**COMMERCIAL GENERAL LIABILITY COVERAGE
IS SUBJECT TO A GENERAL AGGREGATE LIMIT**

BUSINESSOWNERS PROPERTY COVERAGE

PREMISES LOCATION NO.: 01

BUILDING NO.: 01

COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE	INFLATION GUARD
BUILDING *Replacement Cost	\$ 7,104,138	RC*	90%	0.0%

Other coverage extensions apply and may be changed by an endorsement. Please read the policy.