

RENEWAL CERTIFICATE
ATAIN SPECIALTY INSURANCE COMPANY
FARMINGTON HILLS, MICHIGAN

Policy Number
CIP406025001

Item 1. Named Insured and Mailing Address:

ROCKY BLUFFS PROPERTY OWNERS

 PO BOX 1810
 CHICO CA 95928

Agent Name and Address:

BURNS & WILCOX, LTD.
 101 CALIFORNIA STREET
 SUITE 975
 SAN FRANCISCO CA 94111

Item 2. Policy Period From: 02/04/2021 To: 02/04/2022

12:01 A.M. Standard Time at the address of the Named Insured as stated herein.

In consideration of the renewal premium stated, the above numbered policy is renewed for the period specified, subject to the terms and conditions thereof, except as otherwise specified herein.

Premium
\$ 887.00

RENEWAL PREMIUM:	\$ 887.00
POLICY FEE:	\$
COMPANY FEE:	\$
INSPECTION FEE:	\$
3 % STATE TAX:	\$ 26.61
STAMPING FEE:	\$ 2.22
BROKERAGE FEE	\$ 200.00
TOTAL:	\$ 1,115.83

- No changes from previous term.
- Changes on endorsement below are applicable with above inception date.

UPON RENEWAL, THE FOLLOWING FORMS ARE HEREBY REVISED PER ATTACHED:
 UNLPPF-SD-1L (07/17) COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTAL DECLARATIONS

UPON RENEWAL, THE PREMIUM BREAKDOWN IS AS FOLLOWS:
 GENERAL LIABILITY \$316.00 + PROPERTY \$571.00 = \$887.00

Countersigned 02/04/2021 RLG/ED
 DATE

By Harvey Goldenberg
 COUNTERSIGNED

SCHEDULE OF LOCATIONS

Policy CIP406025001

Effective date: 02/04/2021
12:01 A.M. Standard Time

Named Insured: ROCKY BLUFFS PROPERTY OWNERS

Prem. No.	Bldg. No.	Designated Premises (Address, City, State, Zip Code)	Occupancy
1	1-2	ROCKY BLUFF DRIVE, CHICO, CA 95928	
2	1	EAGLE NEST DRIVE, CHICO, CA 95928	
3	1	LAVA ROCK DRIVE, CHICO, CA 95928	
4	1	RED HAWK LANE, CHICO, CA 95928	
5	1	OSPREY CIRCLE, CHICO, CA 95928	

COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTAL DECLARATIONS

These Supplemental Declarations form a part of policy number

CIP406025001

LIMITS OF INSURANCE							
General Aggregate Limit (other than Products/ Completed Operations)		\$	2,000,000				
Products/ Completed Operations Aggregate Limit		\$	EXCLUDED				
Personal and Advertising Injury Limit		\$	1,000,000				
Each Occurrence Limit		\$	1,000,000				
Damage to Premises Rented to You Limit		\$	100,000				
Medical Expense Limit		\$	5,000	any one person			
BUSINESS DESCRIPTION AND LOCATION OF PREMISES							
Form of business:							
<input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Organization (other than Partnership or Joint Venture) <input type="checkbox"/> Corporation <input type="checkbox"/> LLC							
Business description: HOMEOWNERS ASSOCIATION							
Location of all premises you own, rent or occupy: SEE SCHEDULE OF LOCATIONS							
PREMIUM							
Classification	Code No.	*Premium Basis	PR/ Co	Rate All Other	Advance Premium Pr/ Co	Advance Premium All Other	
HOMEOWNERS ASSOCIATION - SINGLE FAMILY	41670	U) 42	EXCLUDED	2.750	EXCLUDED	116	
STREETS AND ROADS	48727	T) 2	EXCLUDED	75.000	EXCLUDED	150	
ADDITIONAL INSUREDS - FORM CG2010 (04/13) ONLY - EACH ADDITIONAL INSURED MUST BE INDIVIDUALLY REQUESTED BY UNDERWRITER, APPROVED AND ENDORSED ONTO THE POLICY	99999	T) 1	EXCLUDED	50.000	EXCLUDED	50	
GL TOTAL:						\$316	
FORMS AND ENDORSEMENTS (other than applicable forms and endorsements shown elsewhere in the policy)							
Forms and endorsements applying to this Coverage Part and made part of this policy at time of issue:							
SEE SCHEDULE OF FORMS AND ENDORSEMENTS							
DEDUCTIBLE: \$ 500				Per Claim			

* (a) Area, (c) Total Cost, (m) Admission, (p) Payroll, (s) Gross Sales, (u) Units, (o) Other, (e) Each

THIS SUPPLEMENTAL DECLARATIONS AND THE COMMERCIAL LIABILITY DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS COMPLETE THE ABOVE NUMBERED POLICY.