



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/27/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MOC Insurance Services License No. 0589960 44 Montgomery St., 17th Fl. San Francisco CA 94104	CONTACT NAME: Jeff Holman PHONE (A/C, No. Ext): (415) 957-0600 E-MAIL ADDRESS: jholman@mocins.com		FAX (A/C, No): (415) 957-0577
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Watergate Community Association 8 Captain Drive Emeryville CA 94608	INSURER A: Nationwide Mutual Insurance Company		23787
	INSURER B: Great American Insurance Co		16691
	INSURER C: Pacific Compensation Insurance		11555
	INSURER D: Federal Insurance Company		20281
	INSURER E: Hanover Insurance Company		22292
INSURER F:			

COVERAGES **CERTIFICATE NUMBER: 17-18** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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 CERTIFICATE 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR Deductible: \$0 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			ACP7887182815	3/31/2017	3/31/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			ACP7887182815	3/31/2017	3/31/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist BI split \$
B	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 0			UM30095798	3/31/2017	3/31/2018	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WA00112302	12/31/2016	12/31/2017	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	FIDELITY CRIME			82215061	3/31/2017	3/31/2018	Deductible: \$10,000 \$5,000,000
E	EXCESS CRIME			1028900	3/31/2017	3/31/2018	\$6,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

INFORMATIONAL EVIDENCE OF INSURANCE.

CERTIFICATE HOLDER INFORMATIONAL EVIDENCE OF INSURANCE	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.
	AUTHORIZED REPRESENTATIVE Jeff Holman/CMU

COMMENTS/REMARKS

Directors & Officers Coverage: 08/12/2016-08/12/2017
Federal Insurance Company Policy #82410633
Limit: \$1,000,000 / Retention: \$10,000

Total Number of Units: 1,249

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.

PRODUCER NAME: R-T Specialty - Georgia, 5565 Glenridge Connector, Suite 550, Atlanta, GA 30342. PHONE: (770) 422-0747 Fax: (770) 422-9027. COMPANY NAME AND ADDRESS: Everest Indemnity Insurance Company, P.O. Box 830, Liberty Corner, NJ 07938-0830. POLICY NUMBER: AIN5318. EFFECTIVE DATE: 03/31/2017. EXPIRATION DATE: 03/31/2018.

PROPERTY INFORMATION (Use additional sheets if more space is required) LOCATION DESCRIPTION: 8 Captain Drive (1249 Units), Emeryville, CA 94608-1744

COVERAGE INFORMATION CAUSE OF LOSS FORM: [X] SPECIAL. COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$150,000,000 per occurrence. DED: \$10,000. BUSINESS INCOME / RENTAL VALUE: [X] Actual Loss Sustained 24 # of months. BLANKET COVERAGE: [X]. TERRORISM COVERAGE: [X].

REMARKS - Including Special Conditions (Use additional sheets if more space is required) Business Income / Rental Value (including Extra Expense): EXTENDED PERIOD OF INDEMNITY IS 180 DAYS

CANCELLATION THE POLICIES ARE SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY(IES) BE TERMINATED, THE COMPANY(IES) WILL GIVE THE INSURED INTEREST IDENTIFIED 30 DAYS WRITTEN NOTICE, 10 DAYS FOR NON-PAYMENT, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

ADDITIONAL INTEREST NAME AND ADDRESS: For informational purposes only. LENDER SERVICING AGENT NAME AND ADDRESS: 438BFUNS Applies. AUTHORIZED REPRESENTATIVE: Julie Kim

LENDER'S LOSS PAYABLE ENDORSEMENT

1. Loss or damage, if any, under this policy, shall be paid to the Payee named on the first page of this policy, its successors and assigns, hereinafter referred to as "the Lender" in whatever form or capacity its interests may appear and whether said interest be vested in said Lender in its individual or in its disclosed or undisclosed fiduciary or representative capacity, or otherwise, or vested in a nominee or trustee of said lender.
2. The insurance under this policy, or any rider or endorsement attached thereto, as to the interest only of the Lender, its successors and assigns, shall not be invalidated nor suspended: (a) by any error, omission, or change respecting the ownership, description, possession, or location of the subject of the insurance or the interest therein, or the title thereto; (b) by the commencement of foreclosure proceedings or the giving of notice of sale of any of the property covered by this policy by virtue of any mortgage of trust deed; (c) by any breach of warranty, act, omission, neglect, or non-compliance with any of the provisions of this policy, including any and all riders now or hereafter attached thereto, by the named insured, the borrower, mortgagor, trustor, vendee, owner, tenant, warehouseman, custodian, occupant, or by the agents of either or any of them or by the happening of any event permitted by them or either of them, or their agents, or which they failed to prevent, whether occurring before or after the attachment of this endorsement, or whether before or after a loss, which under the provisions of this policy of insurance or of any rider or endorsement attached thereto would invalidate or suspend the insurance as to the named insured, excluding herefrom, however, any acts or omissions of the Lender while exercising active control and management of the property.
3. In the event of failure of the insured to pay any premium or additional premium which shall be or become due under the terms of the policy or on account of any change in occupancy or increase in hazard not permitted by this policy, this Company agrees to give written notice to the Lender of such non-payment of premium after sixty (60) days from and within one hundred and twenty (120) days after due date of such premium and its is a condition of the continuance of the rights of the Lender hereunder that the Lender when so notified in writing by this Company of the failure of the insured to pay such premium shall pay or cause to be paid the premium due within ten (10) days following receipt of the Company's demand in writing therefor. If the Lender shall decline to pay said premium or additional premium, the rights of the Lender under this lender's Loss Payable Endorsement shall not be terminated before ten (10) days after receipt of said written notice by the Lender.
4. Whenever this Company shall pay to the Lender any sum for loss or damage under this policy and shall claim that as to the insured no liability therefor exists, this Company, at its option, may pay to the lender the whole principal sum and interest and other indebtedness due or to become due from the insured, whether secured or unsecured, (with refund of all interest not accrued), and this Company, to the extent of such payment, shall thereupon receive a full assignment and transfer, without recourse, of the debt and all rights and securities held as collateral thereto.
5. If there be any other insurance upon the within described property, this Company shall be liable under this policy as to the Lender for the proportion of such loss or damage that the sum hereby insured bears to the entire insurance of similar character on said property under policies held by, payable to and expressly consented to by the Lender. Any Contribution Clause included in any Fallen Building Clause Waiver or any Extended Coverage Endorsement attached to this contract of insurance is hereby nullified, and also any Contribution Clause in any other endorsement or rider attached to this contract of insurance is hereby nullified except Contribution Clauses for the compliance with which the insured has received reduction in the rate charged or has received extension of the coverage to include hazards other than fire and compliance with such Contribution Clause is made a part of the consideration for insuring such other hazards. The Lender upon the payment to it of the full amount of its claim, will subrogate this Company (pro rata with all other insurers contributing to said payment) to all of the Lender's rights of contribution under said other insurance.
6. This Company reserves the right to cancel this policy at any time, as provided by its terms, but in such case this policy shall continue in force for the benefit of the Lender for ten (10) days after written notice of such cancellation is received by the Lender and shall then cease.
7. This policy shall remain in full force and effect as to the interest of the Lender for a period of ten (10) days after its expiration unless an acceptable policy in renewal thereof with loss thereunder payable to the Lender in accordance with the terms of this Lender's Loss Payable Endorsement, shall have been issued by some insurance company and accepted by the Lender.
8. Should legal title to and beneficial ownership of any of the property covered under this policy become vested in the Lender or its agents, insurance under this policy shall continue for the term thereof for the benefit of the Lender but, in such event, any privileges granted by this Lender's Loss Payable Endorsement which are not also granted the insured under the terms and conditions of this policy and/or under other riders or endorsements attached thereto shall not apply to the insurance hereunder as respects such property.
9. All notices herein provided to be given by the Company to the Lender in connection with this policy and this Lender's Loss Payable Endorsement shall be mailed to or delivered to the Lender at its office or branch described on the first page of the policy.

Approved:

Board of Fire Underwriters of the Pacific,
California Bankers' Association,
Committee on Insurance

COMMENTS/REMARKS

ADDITIONAL INSURANCE CARRIER INFORMATION

ASPEN SPECIALTY INSURANCE COMPANY Policy: PX005JP17
ASPEN SPECIALTY INSURANCE COMPANY Policy: PXA9U1W17
ASPEN SPECIALTY INSURANCE COMPANY Policy: PXAC92U17
ASPEN SPECIALTY INSURANCE COMPANY Policy: PXAG9R817
CERTAIN UNDERWRITERS AT LLOYD'S, LONDON Policy: B1230AP03105A17
CERTAIN UNDERWRITERS AT LLOYD'S, LONDON Policy: B1230AP03105C17
CERTAIN UNDERWRITERS AT LLOYD'S, LONDON Policy: B1230AP03105D17
CERTAIN UNDERWRITERS AT LLOYD'S, LONDON - BRIT SYNDICATE 2987 Policy: PD-10157-03
CERTAIN UNDERWRITERS AT LLOYD'S, LONDON - HISCOX SYNDICATE 3624 Policy: URS2542823.17
COLONY INSURANCE COMPANY Policy: XP264050
COLONY INSURANCE COMPANY Policy: XP264068
COLONY INSURANCE COMPANY Policy: XP264069
EVANSTON INSURANCE COMPANY Policy: MKLV11XP005614
EVEREST INDEMNITY INSURANCE COMPANY Policy: CA3P005794171
EVEREST INDEMNITY INSURANCE COMPANY Policy: CA3X000837171
EVEREST INDEMNITY INSURANCE COMPANY Policy: CA3X001111171
FIRST SPECIALTY INSURANCE CORPORATION Policy: ESP 2002142 00
GREAT LAKES INSURANCE SE Policy: B1230AP04387A16
GREAT LAKES INSURANCE SE / HARTFORD STEAM BOILER Policy: 059488-01-16
HALLMARK SPECIALTY INSURANCE COMPANY Policy: 73PRX179CB7
HOMELAND INSURANCE COMPANY OF NEW YORK Policy: 795005771
HOMELAND INSURANCE COMPANY OF NEW YORK Policy: 795005772
HOMELAND INSURANCE COMPANY OF NEW YORK Policy: 795005773
HOMELAND INSURANCE COMPANY OF NEW YORK Policy: 795005774
HOMELAND INSURANCE COMPANY OF NEW YORK Policy: 795005775
HOMELAND INSURANCE COMPANY OF NEW YORK Policy: 795005776
HOMELAND INSURANCE COMPANY OF NEW YORK Policy: 795005777
INDIAN HARBOR INSURANCE COMPANY Policy: PRO0037150-05
IRONSHORE SPECIALTY INSURANCE COMPANY Policy: 001961203
IRONSHORE SPECIALTY INSURANCE COMPANY Policy: 001961303
IRONSHORE SPECIALTY INSURANCE COMPANY Policy: 001961503
IRONSHORE SPECIALTY INSURANCE COMPANY Policy: 002712001
IRONSHORE SPECIALTY INSURANCE COMPANY Policy: 003107500
LANDMARK AMERICAN INSURANCE COMPANY Policy: LHD399814
LIBERTY SURPLUS INSURANCE CORPORATION Policy: 1000255846-01
LIBERTY SURPLUS INSURANCE CORPORATION Policy: 1000255888-01
MITSUI SUMITOMO INSURANCE COMPANY of AMERICA Policy: EXP7000151
MUNICH RE UK SERVICES LIMITED Policy: B1230AP01952A17
NATIONAL FIRE & MARINE INSURANCE COMPANY Policy: 92GFP0100
ROCKHILL INSURANCE COMPANY Policy: RCPXRU000045-00
SCOTTSDALE INSURANCE COMPANY Policy: AJS0000510
STEADFAST INSURANCE COMPANY Policy: XPP5532866-03
UNITED NATIONAL INSURANCE COMPANY Policy: LP0000888

COMMENTS/REMARKS

COMPANY: Great American Insurance Company
POLICY TERM: 3/31/2017 to 3/31/2018
POLICY #CPP185618800
LIMIT: \$80,472,400 xs of \$150,000,000

COMPANY: Homeland Insurance Company of New York
POLICY #795005893
POLICY TERM: 3/31/2017 to 3/31/2018
LIMIT: \$57,618,100 xs of \$230,472,000