



## EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
12/4/2024

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.

<b>AGENCY</b> Michael Miller Insurance 817 Mission Avenue San Rafael, CA 94901		<b>PHONE</b> (A/C, No, Ext): (415)454-0100	<b>COMPANY</b> California Fair Plan (\$20,000,000 Limit) Bridgeway Insurance Company (Wrap and \$5,000,000 Limit) Landmark American Insurance Co. (\$5,000,000 Limit) Seneca Specialty Insurance Co. (\$46,000,000 Limit)	
<b>FAX</b> (A/C, No): (415)454-8311		<b>E-MAIL ADDRESS:</b> kristi@michaelmillerinsurance.com		
<b>CODE:</b>		<b>SUB CODE:</b>		
<b>AGENCY CUSTOMER ID #:</b> 00000217				
<b>INSURED</b> Petrini Place HOA c/o Bay West Property Mgmt, 2412 Polk St. San Francisco, CA 94109		<b>LOAN NUMBER</b> -----		<b>POLICY NUMBER</b> COM0301376043
		<b>EFFECTIVE DATE</b> 11/29/2024	<b>EXPIRATION DATE</b> 11/29/2025	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>				

### PROPERTY INFORMATION

<b>LOCATION/DESCRIPTION</b> Unit Owner(s):  1720-1790 & 1750 Fulton Street 2001 McAllister Street San Francisco, CA 94118
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

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Building Coverage, Special Form, Replacement Cost, No Coinsurance	76,000,000	75,000
Equipment Breakdown	None	
Building Ordinance	None	
Employee Dishonesty/Crime/Fidelity Bond (Includes Property Manager)	800,000	5,000
Commercial General Liability	1,000,000	5,000
Commercial Liability Umbrella \$50,000,000 per occurrence		
Includes Windstorm/30 Day Notice of Cancellation		


### REMARKS (Including Special Conditions)

Total number of 134 residential units, 6 commercial stores and a parking garage.

### 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  Evidence of Insurance	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN # -----	
	AUTHORIZED REPRESENTATIVE  KLL	